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NORTH CAROLINA
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—EDITED BY—

Robert D. Jewett, M.D.

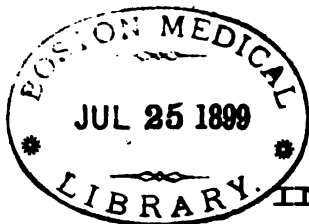
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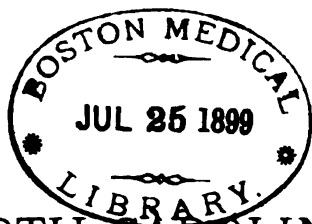
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No. I.

Original Communications.

THERAPEUTIC RESULTS WITH SALOPHEN.

BY DR. FRIEDRICH GOLDSCHLAGER, Assistant Physician to the Royal Hospital at Wieden and Assistant to the Polyclinic, Vienna.

[Translation.]

During the last few years a constantly increasing number of new remedies have been introduced and, after their value as antirheumatics analgesics and antipyretics has been determined, are gradually admitted into the materia medica. In salicylic acid and the more commonly employed salicylate of sodium we have an excellent remedy against rheumatic and rheumatoid pains, and especially against acute and sub-acute articular rheumatism, while it serves to relieve the pain in chronic muscular rheumatism and neuralgia and finally has a constant effect in influenza. The unpleasant and injurious after effects of this remedy upon the stomach and nervous system led to the idea of combining salicylic acid with some component which would counteract these disagreeable and injurious sequelæ, such as gastric disturbances, headache, tinnitus and vertigo, and exert a similar action as salicylic acid or salicylate of soda. It was at first thought that in salol had been found the desired combination of salicylic acid which would satisfy the above requirements. It was shown however that while salol is devoid of the disagreeable and injurious after effects of salicylic acid it manifested poisonous properties when given in large doses owing to the phenol element in its composition. This fact induced the Farbenfabriken vorm. Fried. Bayer & Co., in Elberfeld to prepare another combination of salicylic acid which would be free from the injurious properties of the latter and the poisonous properties of salol.

Salophen is a combination of salicylic acid with a non-poisonous compon-

ent, acetylparamidophenol, which is soluble in alkalies, alcohol and ether, slightly soluble in warm water and insoluble in cold water. It is an odorless and tasteless yellowish white crystalline powder. In the acid gastric juice it remains almost unaltered and only dissolves in the alkaline intestinal secretions where it splits up into its components, namely, into salicylate of sodium and acetylparamidophenol and therefore has no disturbing effect upon the stomach. A considerable number of investigations, both in hospitals, as well as in private practice have been made with salophen, in acute and chronic articular rheumatism, chronic muscular rheumatism and various forms of cephalalgias and neuralgias, and good results have been published by many authors: J. Boas, De Buck and Vanderlinden, Caminer, Claus, Drasche, Drews Rich., Flint; Froehlich, Gerhardt, Goldmann, Gutmann, Hare, Herrlich, Hesselbach, Hitschmann, Josefowitsch, Robert Koch, Lavrand, Muller-Darier, Oswald, Pierre-Marie, Richy and Siebel. Encouraged by these favorable experiments, I have since more than two years employed salophen in all cases in which I had been in the habit of prescribing sodium salicylate, that is, in acute articular rheumatism, chronic muscular rheumatism, all forms of headaches, especially migraine, in various neuralgias, intercostal, supra and infraorbital trigeminal, sciatica, odontalgia, the lancinating pains of tabes, and also in influenza, and in all my cases was well satisfied with the results. In single doses of 1.0 gm. and daily doses of 4.0 to 6.0 gm., in acute articular rheumatism, a marked diminution of the swelling of the joints and amelioration of the pains and a reduction of the temperature of 1 to 2 occurred. In one case an obstinate, acute, polyarticular rheumatism which had been previously treated with salicylic acid, salol and antipyrine, subsided in six days after administration of 30.0 gm. salophen, in daily doses of 5.0 gm. As early as the first day of treatment the swelling and painfulness of the joints decreased and the morning temperature of 39.6 fell towards evening to 37.5. In this case salophen exerted an antirheumatic analgesis and antipyretic action. I would emphasize that in this case in spite of the large daily and total dose, I failed to observe the disagreeable after effects which commonly appear after corresponding doses of salicylic acid. Even on the first day of treatment a perceptible improvement and a feeling of comfort were experienced. In consequence of this the patient acquired so much confidence in salophen that without awaiting my visit he resorted to its use on the second day. I also made the very satisfactory observation in the same case that salophen also produces an admirable effect in chronic migraine. The patient had suffered for many years from paroxysms of unilateral headache, associated with watering of the eyes, malaise and nausea. No remedy had been left untried for the relief of this troublesome headache and all with little or no effect. Simultaneously with the appearance of the rheumatism the headache recurred, accompanied with malaise and nausea but even after the third 1.0 gm. dose of salophen the violent pains and asso-

ciated disturbances subsided to some extent and towards evening disappeared entirely. When I visited him on the following day he felt "as if he had gained a new life." This observation induced me to employ salophen in the treatment of all forms of cephalalgia and I feel confident in asserting that in most cases of acute and chronic migraine, it is very serviceable, while in some cases of cephalalgia it acts with extreme promptness, even after two doses of 1.0 gm. each. In various cases of neuralgia I was also to convince myself of the beneficial influence of salophen. Of the cases of neuralgia treated by me I would only report one which illustrates the excellent effect of this remedy.

C. G., aged 55 years, has suffered since several years from bilateral sciatica and intercostal neuralgia. The pains at times became so violent that the patient was unable to leave the house for days and on one occasion could not even walk about the room. In the course of years she had tried every remedy among the abundant stock of antineuralgics but always with only slight success. The best effect was derived from sodium salicylate given in very large doses. Although this produced some alleviation of the pains, the patient during its use was so much troubled by the disagreeable after effects of salicylic acid, as gastric disorders, headache, tinnitus and vertigo, that unless the pains became unbearable she preferred to dispense with the remedy, rather than be subjected to these unpleasant sequelæ. When about five months ago I was consulted by the patient and was informed by her of these disagreeable effects of salicylic acid I advised her to try salophen in 1.0 gm. doses, administered five times daily. During the first day, however, she took only 3.0 gm. salophen but even this dose was followed by slight improvement and when I saw her on the following day she could not sufficiently praise the remedy. After taking it in the prescribed doses the pains in the legs and the intercostal neuralgia disappeared on the fifth day after the total administration of 23.0 gm. so that she was able to move about freely and could leave the room, to which she had been confined more than two weeks, for several hours. Since that time I frequently had opportunity to see the patient and was surprised at the progressive improvement. For the pains which recurred now and then, the patient was accustomed to take 2.0 to 3.0 gm. salophen in the course of the day, after which they disappeared.

In several cases of supra and infra-orbital neuralgia and trigeminal neuralgia, I observed a considerable improvement after 8.0 to 10. gm. salophen. In all cases of influenza, accompanied by rheumatoid pains, general prostration and elevated temperature, salophen has proved very serviceable, even after administration of 3.0 to 4.0 gm. The pains and feeling of weight in the limbs, subsided after the first two or three gm. and the elevated temperature returned to the normal in connection with marked diaphoresis.

In the following resumé, I will briefly formulate my experience of salophen. This remedy gives very satisfactory and constant results in acute and suba-

cute articular rheumatism, in acute and chronic headaches (migraine) and in influenza. It exerts a favorable action in the various forms of neuralgia, supra-orbital, infra orbital, trigeminal and intercostal neuralgias, odontalgia, sciatica, pleurodynia and in chronic muscular rheumatism and also exerts an antipyretic effect. In comparison with salicylic acid it has the advantage of neither disturbing the stomach nor the nervous system; in comparison with salol that it is non-poisonous when properly employed; and in comparison with the other similarly acting remedies, as antipyrin, salipyrin, phenacetin, and antifebrin it has no injurious influence upon the circulation.

Selected Papers.

ON LATERAL CURVATURE OF THE SPINE, FROM THE PHYSICIAN'S POINT OF VIEW.

BY FREDERIC C. COLEY, M.D., Physician to the Hospital for Sick Children, Newcastle-upon-Tyne.

It is commonly stated in the text-books that lateral curvature is chiefly found in the wealthier classes, among those, in fact, who are not obliged to work. This is a mere delusion. Cases of severe deformity are not very common in any class, but they are probably at least as common among the poor as among the well-to-do. Slighter cases are common enough in the social strata from which hospital out-patients are derived. But they very rarely present themselves on account of the spinal curvature: that will be overlooked altogether, unless the physician himself discovers it in the course of examination begun with reference to some other ailment.

In considering the causation of lateral curvature, we may therefore eliminate the supposed enervating influence of luxurious ease.

Sex is the most prominent factor. Undoubtedly lateral curvature is rare in the male and common in the female. There are various circumstances which account for this fact. Perhaps the most important is the influence of *chlorosis*, the muscular weakness produced by which is a very efficient predisposing cause of lateral curvature. I can offer no statistics upon the point, but in my own practice I am sure that the very large majority of cases of lateral curvature occurred in chlorotic girls; and also that the majority of my cases of chlorosis presented lateral curvature in greater or less degree. Some surgical specialists have suggested that the lateral curvature produces the chlorosis. But this view does not commend itself to the physician.

Dress is also responsible for the production of lateral curvature in females, and that especially in two ways. When a girl belonging to the well-to-do

classes is noticed to be becoming "round-shouldered," she is continually exhorted by schoolmistress or governess to hold herself upright, and she is provided with stiff corsets, to "give her support." Too probably very inadequate attention will be paid to the weakness which produces the tendency to stoop. Apart from this, however, the well-intentioned efforts to enable her to overcome it are simply mischievous because they are ill-directed. No corsets ever did, or can, support the wearer in a really upright position. She must sink down into a faulty one before such support as corsets can give is felt. If the governess were competent to discover whether the pupil was really upright, her care would be most beneficial. But as a rule, all that she thinks of is to prevent the appearance of lounging; and she does not know that when her pupil is in a most unblamably "ladylike" attitude of apparent uprightness, the spine may be in the very worst position for developing scoliosis.

Patients who cannot afford new dresses very often, or to employ first-class dressmakers, are liable to develop kyphosis in a way that is so very simple that it has commonly escaped notice. A bodice which, when new, fits the undeveloped figure perfectly, may, by reason of the growth of the mammæ, become too tight across the chest long before it is worn out. It is a physical impossibility for the wearer of such a garment to hold herself upright. A kyphosis once produced in this way, or in any other, is very liable to be perpetuated by the heedlessness of the dressmaker, who cuts the bodice so as to fit the girl in her habitual stooping attitude. I have seen a young woman wearing a dress which would not meet in the front by nearly three inches, when she was made to stand normally upright. It naturally follows that the collar of such a dress also is formed so as to suit the neck in an abnormally forward position. When the patient attempts to hold her head up, the back of the neck presses against the collar, and a horizontal fold appears in the back of the dress just below the collar. The physician who thinks points of this kind beneath his notice had better hand over his cases of spinal curvature to some more humble-minded and practical colleague. With such details of dress unheeded, and therefore uncorrected, a spinal curvature will increase rather than improve in spite of a "spinal instrument" with twenty ratchets and thirty screws.

It is convenient to divide spinal curvature into three stages. In the first it is found on examination that the patient, when standing with the feet symmetrically placed, and the knees both straight, habitually assumes a faulty position, but is able to correct it completely by a voluntary effort.

In the second stage, spontaneous correction by the patient is impossible; but the physician is able to remove the deformity entirely by manipulation more or less forcible. The curvature reappears, however, almost immediately.

In the third stage, no possible manipulation suffices entirely to correct the

deformity. It must not, however, be assumed that a curvature, which appears to be incorrigible at the first examination, is necessarily due to alteration of the bony structures, and therefore not amenable to treatment. I have myself been surprised to see the amount of improvement which had been secured by persevering treatment in cases which had at first seemed hopeless. Moreover, in cases in which there is a real osseous deformity, there is commonly superadded to the curvature depending on it a further degree of curvature which is simply habitual, and therefore capable of correction. When the curable part of the curvature has been successfully dealt with, the residual permanent deformity is often found to be so small in comparison that it is hardly noticed by the patient or her friends.

In ordinary cases of spinal curvature we have to consider four phenomena: (1) Kyphosis. (2) Lordosis. (3) Lateral deviation. (4) Rotation. Commonly these four are combined, though in very variable proportions. In the cases which result from mere muscular weakness (especially from chlorosis), the first thing usually observable is kyphosis: the head is carried too far forward, the chest becomes hollow, and the "shoulders round." A very little attention will show that the essential point in this deformity is the faulty way of carrying the head. If this is corrected, the roundness of the shoulders disappears, and the hollow chest expands. The absolute futility of the "straps for stooping shoulders" sold by instrument makers should be obvious. The patient must be carefully taught to hold her head up properly. No mechanism can do this for her—short of a jacket and jury-mast, which would probably be declined as a remedy worse than the disease. I am accustomed to point out to patients, by means of a diagram, that this habit of carrying the head forward tends to produce a weary aching of the muscles of the back, because the head, not being balanced as it should be on the spinal column, has to be sustained by a continuous muscular effort, which is felt in very varying degree, according to the strength of the patient, and the amount of rest which she is able to secure.

A patient who has become aware that she is growing "round-shouldered" very commonly attempts to correct (or rather to compensate for) that defect by increasing the natural lumbar curve, the kyphosis itself being allowed to continue. The result is a kyphosis and lordosis combined; or in other words, there is an exaggeration of the natural antero-posterior spinal curves, which produces anything but a graceful appearance. The abdomen becomes more prominent than the bosom. On the other hand, a secondary kyphosis is the necessary result, when for any cause there is a primary lordosis. Primary lordosis may be due to muscular paresis (notably in the case of "pseudo-hypertrophic paralysis"), or it may be produced mechanically by double congenital dislocation of the hips. In a less degree, but much more commonly, it is produced by rachitic deformity of the thighs.

Lateral deviation and rotation are said to be always combined. But if

this is strictly true, it is certain that they are combined in widely varying proportions in different cases. Sometimes there is marked lateral deviation, with hardly recognisable rotation. And sometimes the rotation is very obvious, while the spinous processes of the vertebræ do not deviate perceptibly from a straight line. It may be worth while to note in passing, that the general asymmetry of the figure is, in some cases, much more obvious when viewed from the front than behind.

Leaving out of account exceptional cases of lateral deviation due to such causes as empyema, or wry-neck, or deficiency of one upper extremity, I should attach most importance in the etiology of scoliosis, to malpositions of the pelvis, either due to structural defects or merely habitual. Slight differences in the length of the legs are not uncommon, without any discoverable cause. But there are several well-recognized structural changes capable of producing obliquity of the pelvis. Unilateral congenital dislocation of the hip is not common; but it is probably a good deal more frequently overlooked than recognised, especially when the displacement is only small. For some unknown reason it appears that such dislocations are more common in the female sex.

Old hip-joint disease is obvious enough; but sacro-iliac disease, recovered from in early life, occasionally produces rather puzzling deformities of the pelvis, when a clear history does not happen to be obtainable. Infantile paralysis (anterior poliomyelitis) not infrequently produces considerable deficiency of growth of the affected limb. Badly united fractures and injuries to the epiphyseal cartilage require no more than passing notice. Flat-foot is apt to occur in patients who are predisposed by general muscular weakness to lateral curvature; and it often happens that the arch of one foot yields more than the other, so producing what practically amounts to a slight difference in the length of the legs.

One lower extremity may be practically shortened by being more deformed than the other by rickets.

When any such structural cause of pelvic obliquity is discovered, it must be compensated for. If the inequality does not exceed $\frac{1}{4}$ inch, it may be sufficient to raise the corresponding heel accordingly. If it exceeds that limit the sole also must be heightened. In the former case, the heel of the boot on the longer leg should be reduced, so that the necessary addition to the height of the other heel may be the less.

It requires much more than ordinary care to discover a slight inequality in the length of the lower extremities, especially in adult female patients, whom it is of course not usual to examine entirely uncovered.

On the other hand, it is more than possible for the examiner to be deceived in the opposite direction, supposing an inequality to exist when that is not really the case. In making such an examination the patient's boots should be taken off; and care must be taken that she is standing with both knees

perfectly straight. A knock-kneed patient, standing with the feet close together, will necessarily have one knee in front of the other, and therefore more or less bent. In such cases care must be taken to keep the feet sufficiently far apart to avoid this source of error. Indeed, in all cases, the feet should be separated by a few inches (but placed symmetrically). No one can stand quite firmly and steadily with the feet close together.

But cases of pelvic obliquity due to these structural defects are comparatively rare. A far more common condition is habitual pelvic obliquity, due to the almost constant use of the "stand at ease" position—*i.e.* standing with one knee bent, while the other is straight. The weight is thus thrown all on one side, and the bent limb is practically shortened. If the patient sometimes stood on one leg and sometimes on the other, little harm would come of it. But practically that is not the case; one leg invariably becomes the favorite one for bearing the chief burden, and the position is very rarely, and only for very short periods, reversed; and scoliosis is produced in this way quite as surely as by a pelvic obliquity due to some structural inequality of the lower extremities. Ascoliosis due to structural pelvic obliquity does not by any means *necessarily* go on to the third stage, even though it be left entirely untreated; and on the other hand, a scoliosis due to an obliquity of the pelvis, which merely results from a confirmed habit of standing with one knee bent, often does advance to the third stage if not corrected in time.

Many physicians are disposed to ignore a curvature which has only advanced to the first, or even the second degree. To do so, however, would almost imply that spinal curvatures are never worth treating until they are incurable; and although a large proportion of these cases never do advance to the third degree, although entirely neglected, that is no reason for leaving them without treatment. The deformity, while it exists, is none the less unsightly because it is capable of correction. Any habitual faulty position of the spine causes more or less wearing pain, which may have very undesirable secondary effects upon the nervous system; and this may happen, although no special complaint is made of pain in the back. Such pain is only rarely acute; it is generally a weary aching which the patient may regard as the mere result of natural fatigue, or a part of the effects of general debility. Only when the curvature is cured will she ascribe the suffering which it had produced to the real cause.

In the treatment, the first requisite will be to remove, if possible, any cause of general debility; especially chlorosis, if present, must be thoroughly treated. Too often the treatment of chlorosis is miserably inadequate. As soon as a little improvement is attained, the most distressing symptoms having abated, remedies are discontinued, or used very irregularly. Even when careful examination shows that the anæmia has been removed, the patient should be instructed to present herself, after a short interval, for re-examination, so that any tendency to relapse, which may be found, may be combated.

Where this precaution is neglected, a very large proportion of cases of chlorosis will be found to relapse seriously. Few diseases are more amenable to careful treatment than chlorosis; but few are so liable to relapse when treatment is discontinued.

From what has gone before, it will be inferred that I do not value the elaborate contrivances of the orthopædic instrument-maker very highly as curative agents in lateral curvature.

No instrument can correct scoliosis while the pelvis remains oblique, whether from mere habit or from structural inequality in the lower extremities; and none of the instruments in ordinary use will overcome the tendency to kyphosis, so long as the patient retains the habit of carrying the head too far forward. It is not, however, sufficient to tell a patient to hold her head up, and avoid the trick of standing with one knee bent while the other is straight. Compensating for a structural inequality of the lower limbs does not necessarily remove the scoliosis which is produced. In many cases of scoliosis in the second degree the patient thinks herself to be straight when she is really showing marked lateral deviation, and at first she feels as though she were "all on one side," when the deformity is temporarily corrected by manipulation. In such cases, very careful and persevering training is needed in order to re-establish a correct muscular sense. The patient must be re-examined from time to time, and the deformity corrected by manipulation, until she is able to correct it for herself in accordance with verbal directions—*i. e.*, until she is brought back from the second to the first stage. Afterwards she must be kept under more or less frequent observation, until it is found that the attitude spontaneously assumed is normal, and even then she must be warned that care will be needed to avoid drifting back again into old habits, and so producing a relapse of the spinal deformity. The same sort of care is needed to overcome habitual kyphosis; especially, attention must be given to correct the ordinary tendency to compensate for habitual kyphosis by habitual lordosis.

In severe cases, rest for an hour or two in the middle of the day, in the recumbent position, is necessary; but I doubt the value of "mechanical couches." Making the patient lie on a flat back-board, on the floor, is needless cruelty. Lordosis, due to ankylosis of the hip-joint, or congenital dislocation of both hips, is of course incurable, unless the primary deformity admits of successful surgical treatment. Lordosis from muscular paresis might perhaps be benefited by mechanical support. Rarely, cases of severe incurable scoliosis in the third degree derive some comfort from spinal instruments. More commonly, they are best treated without mechanical aid by rest in the middle of the day, more or less, according to the condition of the patient, and careful and persevering attention to remove any habitual curvature which is super-added to the deformity depending upon alteration in the form of the bones.

As I have already remarked, persevering treatment on these lines often yields far more favourable results than had at first seemed possible.

The principle of treatment which I adopt may be summarily stated thus:—The patient is crooked; teach her to be straight (or as straight as she can be made); and do not stop teaching her until you are sure that she has learned the lesson. So stated, the principle is extremely simple; but to carry it out successfully requires no little care and experience. Moreover, it must be admitted that some patients will not take the trouble to learn.

Special gymnastic exercises may not be without their use, perhaps rather moral than physical; but I have not found them to be an essential part of the treatment.

THE OPERATIVE TREATMENT OF HERNIA. (*American Journal of the Medical Sciences*, July, 1895.) By W. S. Halsted, M.D., of Baltimore.

In the treatment of hernia the problem is to close a rent in the abdominal wall and to provide for the safe transmission of the spermatic cord. The cord is the first cause of the hernia and the ultimate obstacle to its cure. A reduction in the size of the cord would lessen the liability of the hernia to recur, and the cord may be reduced to less than one-third its original size by excising the superfluous veins. In closing the abdominal wall the incision is continued through the internal oblique and transversalis muscles for about an inch, and the upper fibres of the cremaster, together with the cut fibres of the internal oblique and transversalis muscles are included within mattress sutures in the same manner as other abdominal wounds are closed. There are usually six of these deep stitches, which are taken not more than one centimetre apart. The vas deferens, with its arteries and remaining veins, is brought forward between the two outermost stitches, which are closer together than the others, and which embrace the cord snugly. When the deep wound is closed, muscles should be seen throughout the greater part of it, projecting between the cut edges of the aponeurosis of the external oblique muscle. These edges are then made to embrace the cord more snugly at the point where it passes between them by two very fine stitches. The skin incision is closed with an uninterrupted suture. The cord by these proceedings is transplanted so that it lies superficial to the aponeurosis of the external oblique. Silver wire is used as a suture material, and the wound is covered with silver foil. This has an inhibiting influence on the growth of bacteria.—*International Medical Magazine*.

NORTH CAROLINA MEDICAL JOURNAL.

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Editorial.

The State Society.

With this first issue of the new year, it is meet and proper that we should devote some space to the State Society whose interests we have so much at heart. At this time we shall touch upon the matter of numbers only.

In looking over the list of members during the past ten years we find that there has been but little progress made by the Society in enlisting the support of the State profession. The number of members now is about the same it was ten years since, although there has been considerable increase in the number of physicians in the

State. In fact we have less strength numerically than we had five years ago. This is an important matter if the Society will continue to represent the profession and maintain its importance and influence. What is the meaning of this lack of growth? Why is it that the profession of the State do not, more generally associate themselves with the Society? Is it because they attach less importance to the Society or because there are obstacles in the way which their zeal is not great enough to remove?

From 1885 to 1890 the Society grew in numbers very satisfactorily; but since that time there has been a gradual falling off, the additions not

equalling the losses due to the dropping of names for non-payment of dues, to say nothing of the natural losses by death. If we continue as at present, it will be only a matter of time when the Society will be only a handful, and not representative enough to have much influence either in securing desirable legislation or with the community at large. It is time for the Society to consider the matter seriously and take some action that will tend to increase our membership.

Up to 1890 our chief source of new material was the Board of Examiners, the new licentiates reporting directly from the Board to the Committee on Credentials. Joining the Society was the natural subsequence to obtaining a license. Then oral examinations were the rule and the applicants learned the result of their examinations as soon as they had appeared before all the examiners. Now written examinations are required, which last through three days, and the applicants cannot learn the result until after the Society has adjourned. Hence not one of them can become a member.

It is this cutting off our source of supply, then, to which we attribute the fact that we are "progressing backward." Can it be changed? Can an arrangement be devised which will enable the applicants to hear from their examinations in time to become members of the Society while they are on the spot and in the humor? While a few of them may attend the Society in the next year or two and

become members, the great majority, either on account of pecuniary inconvenience or absorption in their work, put off year after year, until through lack of association and personal contact with their professional brethren they lose interest in everything but their own business.

This matter has been brought up in the Society several times but nothing has ever been done to change the condition. The Constitution requires that an applicant shall have complied with the laws of 1889, and it is therefore held by some that even if the new licentiates received their licenses before adjournment of the Society they would have to go to their homes and register. This objection, however, does not hold as they could register with the Clerk of the Court in the town where the Society happened to be in session. Their registration could easily be transferred to any county in which they wished to practice, and we believe there is no additional charge for such transfer, but even if there be it would be a matter of little moment as the registration fee is only twenty-five cents. For what purpose was it required that the Board of Examiners should meet at the same time and place with the Society? Was it not for the very purpose of enabling the new licentiates to become members of the Society without having to go to the expense of a special trip? Let us give thought to this matter in our leisure moments, with the hope that at the next meeting some plan may be suggested for correcting the present condition.

Reviews and Book Notices.

An American Text-Book of Obstetrics for practitioners and students. By James C. Cameron, M.D., Edward P. Davis, M.D., Robert L. Dickinson, M.D., Charles Warrington Earle, M.D., James H. Etheridge, M.D., Henry J. Garrigues, M.D., Barton Cooke Hirst, M.D., Charles Jewett, M.D., Howard A. Kelley, M.D., Richard C. Norris, M.D., Chauncey D. Palmer, M.D., Theophilus Parvin, M.D., George A. Pier-sol, M.D., Edward Reynolds, M.D., Henry Schwarz, M.D., Richard C. Norris, M.D., editor. Robert L. Dickinson, M.D., Art Editor. With nearly 900 colored and half-tone illustrations. W. B. Saunders, Philadelphia, 1895. Price, cloth \$7.00; sheep \$8.00; one-half Russia \$9.00. For sale by subscription only.

The volume before us is a fitting companion to those which have preceded it, all of which have been reviewed in these pages. From the above copy of the title page it will be seen that the contents of the volume come from the pens of men whose experience and habits of careful research fit them to speak with authority upon the subjects that have been allotted them. The table of contents designates the author of each chapter, and the knowledge of the author after whom they read will be appreciated by those who study the book. While each chapter is the work of a single writer, however, we find the special advantage in a composite work over a work from the hand of one person in the fact that each chapter has been reviewed by the other writers and received their sanction, thus making the whole work the opinion of all who have contributed to it. While the standard text-books have been from time to time revised, it has been a

number of years since a complete new work on obstetrics has appeared; so that the present volume will be given the heartier welcome, embracing, as it does, all that is new in this important branch.

The book is divided into six sections. Section I. is devoted to the anatomy and physiology of the generative organs, and this part is made more than usually interesting not only by the lucid text, but by a liberal supply of excellent illustrations which assist the reader in obtaining a clear idea of the anatomy and functions of these organs. Section II. discusses the physiology, diagnosis, hygiene and management, and pathology of pregnancy. Section III. treats of the physiology of labor, the conduct of normal labor, mechanism of labor, and dystocia. Under this section Dr. Barton C. Hirst discusses deformities of the pelvis with rules for pelvimetry and presents a long array of illustrations representing abnormal pelves. Section IV. treats of the puerperium—its physiology management and pathology and the diagnosis of the puerperal state. In section V. Dr. Earle and Dr. Etheridge discuss the physiology and pathology of the new-born babe; and section VII. is devoted entirely to obstetric surgery.

Special attention has been paid to the illustrations. All figures have been drawn to scale, in nearly all instances being either one-third or one-sixth life size; in sagittal sections the same half is always shown

for ease of comparison; full labelling is made directly upon the plates. The general style of the book is the same as those which have preceded it.

Appendix to Dunglison's Medical Dictionary: Lea Brothers & Co., Philadelphia.

This consists of twenty-four pages in the same style and size as the dictionary. It gives words and terms that have come to light since the dictionary was issued and as it brings the book up to date will be desired by all who have copies of this most excellent and standard dictionary. A glance at the words introduced in the appendix will suggest that it required these several months for the author to summon courage sufficient to undertake putting them upon paper; or, perhaps the type foundry have been occupying the time casting a sufficient quantity of type to set them up.

Charaka-Samhita. Translated into English; published by Avinash Chandra Kaviratha. Girish Chandra Chakravarti, 200 Cornwallis street, Calcutta. 1895.

In his valuable work of giving to English speaking physicians the principles taught in this ancient Hindu treatise, the translator has reached the thirteenth fascicule which embraces the closing part of Lesson XXVII, Lesson XXVIII and a part of Lesson XXIX. Lesson XXVIII deals with food and drink and how these cause the growth and preservation of the body. Lesson XXIX describes the difference between physicians who are good and those who are bad. Those who are bad are doubtless on a par with the quacks of our own day. "This is their special indication, viz, clad in robes of physicians and indulging in self-praise they walk along the public streets, in expectation of calls."

Abstracts.

TYPHOID FEVER IN YOUNG CHILDREN, BEING A REPORT OF CASES OCCURRING AT STAMFORD, CONN., DURING THE EPIDEMIC OF 1895. (W. P. NORTHRUP, M.D.)

The susceptibility to typhoid fever is very slight during the first two or even the first three years of life. This susceptibility may be overcome by the overwhelming poison present in a severe epidemic. The following cases were observed in May, 1895, during the progress of an epidemic in Stamford, Conn.

CASE 1—A child of thirteen months; recovery. This epidemic which numbered 406 victims was due to the use of contaminated milk obtained from a single dairy, 95.3 per cent. of these cases having partaken of that milk. The epidemic was remarkable because of the large number of children affected.

This child was the youngest case reported. It showed the characteristic typhoid condition. It was easily aroused, and quickly sank back into the unconscious condition. The tongue and lips were dry, its color pale or

sallow. It had lost some flesh; the abdomen was soft, being neither distended nor sunken. The spleen was enlarged and could be easily felt. The typical eruption was present, appearing in fair quantity over the abdomen, back, thorax and thighs.

CASE II.—Male twenty-two months; death from pulmonary complications; autopsy.

The child died early in the course of the disease, but the exact day of disease was not known. The cause of death was broncho-pneumonia.

Autopsy made by the writer showed these points of interest: Swelling of the Peyer's patches in the lowest portion of the ileum; swelling of solitary follicles of small and large intestines; marked swelling of the mesenteric lymph nodes; moderate enlargement of the spleen.

Here is a case with a history of direct exposure, with the classical symptoms as to fever, tongue, spots, spleen, and diarrhoea, with the subsequent findings as to swollen Peyer's patches, mesenteric glands and spleen and yet examination of the ileum, while it showed characteristic swelling of the solitary follicles and Peyer's patches did not show as great a number of gross lesions as is frequently presented in patients dying from acute intestinal disease due to indigestion.

Five other cases are reported, one of sixteen months, one of twenty-one months, one of twenty-seven months, one of thirty months, and one of three years. These cases passed through a typical course of typhoid fever and recovered.

From these seven cases it would appear that typhoid when it does

come appears under the same guise in children as in adults. In them, as in adults, the characteristic eruption is one of the most valuable points toward a diagnosis. The author expresses a desire to encourage a healthy scepticism as to typhoid in an infant, especially in the absence of an epidemic, which case has not the classic symptoms and signs which would lead to a diagnosis in an adult. He would say further: Beware of typhoid without lesions and lesions without clinical history of typhoid.—*The Archives of Pediatrics*, January, 1896.

THE ALTERATIONS OF THE MENTAL READING IN THOSE AFFLICTED WITH CORTICAL MOTOR APHASIA. (*Society of Biology*, July 6, 1895.) By Déjérine and Mirallié.

In the cortical motor aphasia the agraphia is due to the alteration of the conception of the word; the same is true of the disturbance in the mental reading in lesions limited to the convolution of Broca, as indicted by Trousseau.

To avoid any deception on the part of the patient the following tests may be employed to reveal the mental alexia:

1. A written or printed word is presented, and the patient required to designate the object indicated.
2. After the perusal of an article the patient is called upon to describe what he has read by gestures and such words as he may have at his disposal.
3. The patient is requested to give a response to a written question.
4. After speaking some word in a loud voice the patient is told to find this word on a printed or written page.

5. A false sense is given to a word shown to the patient, who is then asked if the correct sense has been given.

In all the eighteen cases examined there was more or less disturbance in the mental reading. The degree of alexia varied with the patients; some recognized isolated words, but not phrases; others did not even recognize the separated letters. In proportion to amelioration of the motor aphasia the comprehension of printing and writing returns, and, as a rule, the ability to read is restored before spontaneous speech.

In the cases mentioned the alexia has lasted from a few months to six years.

There is no relation between the degree of motor aphasia and the alexia; a mild and temporary motor aphasia involves alexia, just as a permanent motor aphasia does; on the contrary, the cortical motor aphasia has no connection with word-deafness. MM. Déjérine and Mirallié deny the existence of independent centres corresponding each to one of the parts of speech. There is a speech area, occupying the foot of the third frontal convolution, the angular gyrus, and the first temporal convolution. In this area secondary centres exist, —centres for the motor image of articulation, for the visual and the auditory images, and these are united by fibres of association. All lesions of any point whatever of this zone involve in the internal division of speech an alteration of the idea of the word, and according as one or the other of these centres is destroyed one of the special forms of aphasia will be produced, but with the disturbance also

in the function of the other centres of speech. The earlier a centre has developed the more resistant it is; such is the case for the auditory centre of words, which is never impaired in its functions as a result of a lesion in the convolution of Broca, whereas this latter is always functionally involved when the auditory centre is destroyed. Writing is the last form of speech acquired by education, and is only a copying of the optic image of letters; it is, therefore, altered in all forms of cortical aphasia.

Thomas and J. C. Roux described their examination of seventeen cases of cortical motor aphasia, taken from the fifty or so patients in the service of Professor Déjérine, afflicted with loss of speech from cerebral trouble. All could read mentally, and the reading appeared only at first sight fully normal. When the separate letters of a word were given to one of these patients she was unable to reconstruct the word. Only four, in whom the speech was entirely restored, were able to write.

Thomas and Roux concluded that the ability to read returns in the following order: First, the design of the word is recovered, then the association of the syllables which form the word, then the letters which form the syllables. The order is, therefore, inverse to that followed by a child in learning to read.—*International Medical Magazine*.

ON THE TREATMENT OF CROUPOUS PNEUMONIA BY DIGITALIS.—Dr. Hans Naegeli-Akerblom, Ruti (St. Gallen) (*Centralblatt f. innere Medicin*, No. 32, August, 1895). The author quotes the experience of Professor Petrescu,

who has obtained the best results in pneumonia from the free administration of digitalis in pneumonia, in doses of 1, 2 and 3 drachms, in the form of infusion. Petrescu calls this the therapeutic dose; but of 1192 cases treated thus in the Bucharest Military Hospital, the mortality in thirteen years varied from 1.2 to 2.6 per cent. The crisis generally occurred as early as the third day. These results are contrasted with those obtained by other methods; bleeding, expectant treatment, etc., and statistics are discussed at length. Akerblom points out that Petrescu's results are partly to be accounted for by the fact that his cases occurred in patients in early manhood, who had further given proof of vigorous health and good physique before their admission to military service. The author saw the digitalis treatment extensively used in Professor Massini's Clinique, but other means were used in many of these cases—e. g. alcohol in large doses, cold compresses, wet packs, etc. After this he used digitalis largely in his own practice, and he tabulates his results from May, 1893, to May, 1895. Between the ages of 1 and 50 he had no death from simple, uncomplicated croupous pneumonia. He began treatment with digitalis to slow and regulate the pulse and to control the pulmonary circulation. Digitalis acts (1) by its action on the left ventricle, by constricting the capillaries; in the latter particular, in fact, by regulating the flow to and from the lung capillaries, acting very much in the same way as blood-letting. (2) By direct stimulation of the vagus it

acts on respiration. The author is doubtful as to its antipyretic action. He quotes Jaksch's observation that leucocytes are increased in croupous pneumonia which runs a favorable course, and he therefore recommends the exhibition of antifebrin, antipyrin or pilocarpin, to increase the leucocytes. Cold baths also (according to Winternitz) have this effect. This view is not shared, however, by Biegansky, though Carini, Chatenay and others support it. The author experimented on animals, and found that in healthy animals (and also in healthy men) digitalis increases leucocytosis. The conclusion he draws are as follows:

(1) Digitalis is one of our most valuable therapeutic agents in the treatment of pneumonia.

(2) It acts favorably on the heart, lungs and blood.

(3) Used in large doses it shortens the course of the disease.

(4) In large doses it is markedly useful in increasing the leucocytes, and especially by favoring polynucleation. Single doses of one gramme (15 grains) twice to four times daily may safely be given.

(5) The employment of cold water with the treatment by digitalis is very useful, and is a further means of promoting hyperleucocytosis.—*London Practitioner—Times and Register.*

ANTIPYRIN IN TANNIC ACID SOLUTION AS A STYPTIC.—Roswell Park (Philadelphia *Med. News*, November 16th) has for years used a 5 per cent. solution of antipyrin in the form of a spray (sterilising the water before making the solution) in surgi-

cal practice. He sprays this on any surface, peritoneal, cerebral, or other, from which parenchymatous oozing may be taking place to an extent complicating the operation or jeopardising the success of an ideal dressing. He uses it also in the urethra and in the bladder in cases of hæmaturia. Even in the eye it may be used without fear, its application being preceded by that of a weak solution of cocaine; in this situation, however, the solution need not be so strong. On the other hand, it may be used in much larger percentage when the 5 per cent. solution fails; even when small vessels spurt, compression for a few moments with iodoform or acetanilid gauze sopped in the solution will be effective. There are cases of bleeding, however—for instance, from the nasal cavities or from divided bone—in which even stronger solutions of antipyrin will be inoperative. Roswell Park now calls attention to a combination of antipyrin and tannic acid in solution, by which there is precipitated an intensely agglutinative and cohesive substance of which he does not know the chemical composition, but which seems to him to be an ideal styptic. He hit upon the combination by accident in an emergency (intractable bleeding after removal of adenoid growths), when he added antipyrin in powder to an alcoholic solution of tannin, with the result that there was at once formed a gummy mass of surprising adhesiveness. The application to the post-nasal space of a small sponge dipped in this material at once stopped the bleeding. The author has since experimented with

in itself increasing the number of these substances, and finds that they may be mixed in almost any proportion. It is possible by pouring the powder of one into the solution of the other, to precipitate so much of the agglutinative composition as to make a gum that may be placed about the margin of the bleeding bone—for instance, in operations upon the cranium; or a small piece of sponge or cotton sopped in this material may be forced into a tooth socket, or in various other ways its use may be advantageous. There is but one attendant difficulty—that it is so remarkably cohesive that when the time comes for detachment or separation of the tampon it is difficult to remove it. It may even be necessary to wait a sufficient time for the formation of granulations and separation by natural processes.—*British Medical Journal*.

RAPID DILATATION OF THE OS DURING LABOUR.—Demelin (*Rev. Obstét. Inter.*, November 11th, 1895) has found this proceeding necessary in many cases. In the interests of the mother he has dilated the os for eclampsia in two cases; faulty insertion of placenta, five cases; cardiac asphyxia, one case; and apoplexy, one case. In order to save the child, he has dilated the os for lingering labour in five cases; rigidity of the cervix, three cases; shoulder presentation, one case; compression of the funis in vertex presentation, four cases; prolapse of the funis in three cases; and amniotic infection in two cases. In this last class, the infection of the waters, especially when

the membranes have ruptured early, is serious for the mother, but especially grave for the child. In order to save it from pneumonia or infectious enteritis which come on soon after birth, it must be removed as quickly as possible from its poisonous surroundings. In eclampsia rapid dilatation is indicated, and it speedily terminates a perilous delivery without

convulsions. Demelin maintains that rapid delivery is quite the order of the day, the old prejudice having passed away. In the circumstances given in detail above it is dangerous to wait for complete spontaneous dilatation. On the other hand Demelin admits that the practice is likely to be abused.—*British Medical Journal*

Therapeutic Hints.

HEPATIC TORPOR—

| | |
|-------------------------------|------|
| R. Acid. Nitro-hydrochlor dil | ℥x. |
| Tinct. podophyllin | ℥x. |
| Succ. taraxaci | 3 i. |
| Tinct. Nuc. vom. | ℥x. |
| Syrup zingibera | 3 ss |
| Aq. menth pip. q. s. ad | 3 ss |

M.—Sig.—In water three times a day. Recommended in the *Practitioner* for “sluggish liver and indigestion.”

HYDROCELE.—Nicaise advises in the operation for hydrocele, drawing off about a third of the fluid in the sac, then passing into the sac 3 or 4 centimeters of a 1 per cent. solution of cocaine. This is thoroughly mixed with the remaining fluid in the sac and after about five minutes drawn off. Then iodine, pure or diluted one third, is injected, the bladder manipulated and in four or five minutes drawn off. The operation is said to be painless.

MOUTH-WASH.—In cases of fever when the patient suffers so greatly

in the mouth where the toxic antiseptics cannot be used, nothing seems to give the patient so much comfort as a mouth-wash made by adding about a half ounce of listerine to a glass of water, to be used ad libitum. In a case of sarcoma of the maxilla in the writer's practice it has proven a very God-send.

from a disagreeable taste due to a disordered stomach and after operations

LOCAL ANÆSTHETIC.—It is claimed that guaiacol in sterilized olive oil, 5 per cent. or 10 per cent. is a very satisfactory anæsthetic in minor operations. It is used hypodermatically and takes from five to eight minutes to produce its effect. It is claimed for it that it is as powerful as cocaine.

DRESSING FOR UMBILICAL CORD. Dr. Stuart, in the *Medical News* recommends bismuth as a dressing for the cord. The bismuth is applied in sufficient quantity to cover the stump, which has been passed through a close fitting opening in a piece of lint. The

dressings does not need attention until the stump drops off, and there is no odor.

MUSTARD AS AN ANTISEPTIC.—Dr. Roswell Park recommends mustard as a most efficient antiseptic for the surgeon's hand. The hands are scrubbed with green soap, corn meal and mustard flour for about five minutes. He has discarded all other antiseptics for this and has never been disappointed in it. It leaves no unpleasant sensation. It is also efficient as a deodorizer, taking away all odour of dead or dying tissues, iodoform, etc.

PILLS FOR HYSTERIA.

℞—Ferri sulph. gr. 36.
Sodii Bicarb, gr. 30.
Ext. valerianæ. gr. 24.
M. et div. in pil. No. 24. Two pills twice a day. *I. Burney Yeo.*

For the cough of influenza Simson recommends the following:

℞—Liq. morph. hydrochl. 3 i.
Acid. hydrobrom. dil. 3 i.
Chloroformi pur. ℥iv.
Tr. limoins 3 i.
Syrupi ad 3 iss.

M.—A teaspoonful for a dose.

Miscellaneous Items.

Under this head space will be given (free of cost) to those paid-up subscribers who desire to change their location, or to dispose of practice or property. One insertion will be allowed, but inquiries must not be ordered addressed to this office.

Any news connected with professional men and matters in North and South Carolina will be appreciated by the Editor.

OFFICIAL LIST OF CHANGES IN THE PUBLIC SERVICE.

MARINE HOSPITAL SERVICE.

For the fifteen days ending December 15, 1895.

Stoner, G. W., surgeon, granted leave of absence for thirty days, December 6, 1895.

Glennon, A. H., passed assistant surgeon, granted leave of absence for ten days, December 5, 1895.

Pettus, W. J., passed assistant surgeon, to assume temporary command of service at Norfolk Virginia in addition to present duties, during absence of Surgeon H. R. Carter, December 12, 1895.

Kinyoun, J. J., passed assistant surgeon, granted leave of absence for twenty-three days, December 12, 1895.

Cobb, J. O., passed assistant surgeon, granted leave of absence for two days, December 5, 1895.

Blue, Rupert, assistant surgeon, granted leave of absence for eighteen days, December 3, 1895. Detailed to make physical examination of immigrants at San Francisco, Cal., December 13, 1895.

THE ARMY.

From December 12, 1895, to December 24, 1895.

Capt. Guy L. Edie, assistant surgeon, is granted leave of absence for four months.

Capt. William P. Kendall, assistant surgeon, upon the expiration of his present leave of absence, is ordered to Fort. Sam Houston, Texas, for duty.

First Lieutenant John S. Kulp, assistant surgeon, will upon the expiration of his present leave of absence be relieved from duty at Fort Spokane, Washington, and ordered to Fort Walla Walla, Washington, for duty.

NECROLOGY.

SOME RECENT DEATHS AMONG PHYSICIANS.

Davis, Hugh L., M.D. aged 45, at Wellsborough, Pa., Dec. 19.

Spier, Sam'l. Fleet, M.D., aged 57, at Brooklyn, N. Y., Dec. 19.

Compton, William, M.D., aged 70, at Lancaster, Pa., Dec. 15.

Mellichamp, Mrs. Sarah E. Pope, wife of Dr. J. H. Mellichamp, at Bluffton, S. C., Dec. 1st.

Prioleau, Samuel, M.D., aged 41, at Summerville, S. C., Dec. 9th.

Van Kleek, R. L., M.D., aged 46, at Brooklyn, N. Y., Dec. 18th.

Porcher, Frances Peyre, M.D., aged 70, at Charleston, S. C., Nov. 19th. He was born in Berkeley county, S. C., being descended from a Huguenot family who came from France in 1866. He graduated A. B. from South Carolina college, Columbia, and received the degree of M.D., from the Medical College of South Carolina in 1847, in which college he held for many years the chair of materia medica and therapeutics. He was the author of "Resources of Southern Fields and Forests" and was for several years editor of the *Charleston Medical Journal and Review*.

Dunn, J. B., M.D., at Raleigh, N. C. He was the only surviving charter member of the Medical Society of the State of North Carolina, his name standing first on the roll of members.

The Medical News. With the last issue of 1895 the *Medical News* ends its existence in Philadelphia and will be removed to New York. We regret also to learn that at the same time

Dr. Gould's connection with the *News*, as editor, ceases. Dr. Gould has done much to advance the cause of scientific medicine and his journalistic work will be greatly missed. The *News* will hereafter be under the editorial management of Dr. J. Riddle Goffe, of New York.

Dr. Peck, a physician living in Newbern, was held up a few days since, and after receiving several ugly scalp wounds, was robbed of what money he had on his person.

The College and Clinical Record will hereafter be known as Dunglison's College and Clinical Record.

The Journal of Experimental Sciences will make its appearance during the present month. It will be edited by Dr. William H. Welch, of Johns Hopkins University, assisted by a board of twelve associates, from the faculties of the leading schools of this country. It will have at least four issues during the year and probably more. The subscription price is \$5.00 a year and should be sent to the publishers, Messrs. D. Appleton & Co., New York.

TEA CIGARETTES.—The *Lyon Medical* for December 1st says that fashionable English ladies are no longer content to drink tea, but that they smoke it at their 5 o'clock teas. A lady who is very well known always has tea cigarettes passed around after dinner. Another spends nearly two pounds sterling a week in order to gratify her taste for tea cigarettes, and three celebrated actresses have

given tea-smoking parties several times. In Kensington a number of literary ladies have organized a club for this same purpose. The habit has spread so elsewhere that tobacco merchants are offering packages of tea cigarettes to the public.—*New York Medical Journal*.

UNITED STATES MARINE HOSPITAL EXAMINATIONS.—There will be held at Washington, D. C., on February 10, 1896, a competitive examination of candidates for appointment to the position of Assistant Surgeon in the United States Marine Hospital Service. Candidates are required to be not less than twenty-one years of age, and no appointment is made of any candidate over thirty years of age. They must be graduates of a reputable medical college, and furnish testimonials as to character. Successful candidates, having made the required grade, are appointed in order of merit as vacancies arise during the succeeding year. There is at present one vacancy. The salary of an Assistant Surgeon is \$1,600 per annum, together with furnished quarters, light, and fuel.

Fuller information may be obtained by addressing the Surgeon-General of the Marine Hospital Service, Washington, D. C.

THE MEANING OF CASTS IN THE URINE WITHOUT ALBUMIN.—According to Dr. Bremer, of St. Louis, a person who constantly or periodically passes urine containing casts, even without albumin, or perhaps with albumin in chemically demonstrable quantity, is not in good health. Such

a person has a damaged constitution; his kidneys are, to say the least, vulnerable, and he is prone to contract and to succumb to other diseases. The irritative process which gives rise to the formation of casts may not amount to an actual state of inflammation, and there may not be the recognized signs of fully developed kidney-disease, and yet the subjective symptoms may be very pronounced. These symptoms are often unaccountable to the attending physician because sufficient importance is not attached to the presence of casts in the urine of such persons. In a number of cases periodic, intermittent albuminuria is the feature, and the albumin is in evidence only when a nerve-storm of unusual severity has set in. Such patients may be considered to have vulnerable kidneys. For a long time such patients may not present any albuminuria, the casts only being demonstrable; or even these may disappear, and the urine be absolutely normal; yet there is a dormant pathological condition which may be aggravated into activity. The diagnosis of vulnerable kidney may be doubted by other physicians. Aside from examinations which are based on chemical analysis exclusively, there are several reasons why the search for casts may be negative: First, microscopical incompetency; second, the kidney trouble may have become latent and the casts may be really absent; third, insufficient instrumental equipment—the centrifuge should always be used; fourth, the examiner, even if he find casts, may not attach any importance to them if unaccompanied by albuminuria.

Among other reasons why the presence of casts in the urine is alleged to be compatible with perfect health is the finding of them in the urine of athletes after great muscular exertion. The athletes presenting this condition were certainly damaged men. The symptoms produced by

this vulnerable kidney range over the neuroses, particularly neurasthenia, inexplicable gastro-intestinal manifestations and grip symptoms, megrim, and other forms of periodic headache.—*Medical Review*.—*Medical Record*.

Reading Notices.

The Phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in Nervous Exhaustion, General Debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals.

ARTISTIC.—Our readers will notice the artistic advertisement in this issue of "Dioivurnia," the most powerful uterine tonic attainable, Anti-Spasmodic and Anodyne, which has simplified the practice of Gynecology. A reliable and trustworthy remedy for the relief of Dysmennorrhea, Amennorrhea. Menorrhagia, Sub-involution, Threatened Abortion, Vomiting in Pregnancy and Chlorosis; directing its action to the uterine system as a general tonic and Anti-Spasmodic. It is unexcelled.

This product being manufactured by the well-known Dios Chemical Co., of St. Louis, is sufficient guarantee of its reliability.

BATTLE & Co., St. Louis.

Some time ago you sent me specimens of your preparations of Bromidia, Papine and Iodia. Unlike many who send out specimens you sent an amount large enough to really make a trial with. I had used the two first named a little, but having them more forcibly brought to mind, and recognized the fact that I had

them on trial, I watched their action more carefully. I can say that they were both elegant and health bearing. Bromidia I used on a man verging on Mania a Potu. Papine on a nervous Typhoid woman, and Iodia on a young man, who had carried boils for three years as the result of Ivy poisoning. The preparations were a decided success in every instance.

Yours truly.

E. C. ADAMS, M.D.

Watertown, S. D., Dec. 10, 1895.

NEURALGIA OF THE THROAT.—Chas. H. Stowell, M.D., Editor of the *National Medical Review*. An interesting case has recently occurred in our practice which shows the importance of making a correct diagnosis before treating your patient. The case was that of a man, well known in public life, who applied for treatment of his throat. Some three months before he had passed through a very exciting political campaign, and had been exposed to all kinds of disagreeable and stormy weather. He was often obliged to speak in the open air; while there was a general disturbance of his regular methods in eating. He had been under treatment already for three months, always once and often twice daily, but without relief. The patient complained of a pain, distinctly located in a part which would correspond to

the upper and back part of the larynx. The pain was described as acutely sharp, as though a needle was being thrust into the flesh. This was especially severe at night, often preventing sleep. The patient had a family history which strongly pointed to malignant trouble, as the mother, a brother, and an uncle had died from cancer. A most careful examination failed to show the least abrasion or any marked inflammation anywhere. For two weeks we treated the nose and pharynx with sprays of an antiseptic solution, and gave inhalations of a mixture consisting of albolene, menthol and eucalyptol. But the pain rather increased than diminished. It was so severe at night that the patient had to assume the erect position, to prevent a feeling of strangulation. Knowing that something must be done, and that speedily, we asked for a specimen of urine. We then found that the patient was passing only about thirty ounces a day, although a man weighing nearly two hundred pounds. The urine was loaded with uric acid, but otherwise

normal. The thought came to us, at the first of our treatment, that this might be a case of rheumatism of the throat, so well described some years ago by Dr. Ingals, of Chicago. But the peculiar character of the pain, and its well defined location, turned our attention from the real trouble. It was now apparent that the case was one of neuralgia, depending upon a rheumatic condition. The principal thing ordered was the free use of Buffalo Lithia Water. We also ordered five-grained pills of salol, one to be taken after each meal and at bedtime. Within twenty-four hours our patient was "somewhat better." The next day he reported he was "about well." The next day he was "free from all trouble of any kind whatever." And thus ended a case which had been treated altogether for nearly four months. Our experience with Buffalo Lithia Water in cases of "rheumatism of the throat" has been most fortunate, as the distressing symptoms have often disappeared within a very few days.

NORTH CAROLINA MEDICAL JOURNAL.

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No. 2.

Original Communications.

NEW MEXICO FOR CONSUMPTIVES.

BY WILLIAM D. BRATTON, Passed Assistant Surgeon, United States
Marine Hospital Service, Albuquerque, New Mexico.

The citizen cannot plead ignorance of the statute law when called to account for violation of the law of the land. Nor can the medical man plead ignorance of the laws of nature and of the established principles and facts of medicine, when these are either universally admitted, or are evident to any inquirer of diligence and intelligence.

It may be said that the proper climate for *curable* or "*arrestable*" phthisis is now almost as clearly defined, and should be almost as well known as the value of vaccination and the relation of micro-organisms to disease.

The human mind, medical as well as lay, is so constituted that a little direct, concrete evidence seems to have more convincing weight than even an overwhelming mass of written or hearsay evidence. Every medical man knows the difference between his theoretical knowledge of medicine when he graduates, and his practical knowledge after a year or two in practice, especially if in hospital. And, in fact, the practical medical mind relies more and more on actual experience, and more and more distrusts other sources of information, as the years go by.

Had the actual knowledge and experience of the action of disease germs, and of the effects of vaccination, been confined to the few, they might have written volumes by the score, each in itself having the weight of demonstrative evidence, and might yet have been a generation removed from the time when their views would be accepted by the average professional mind. Even as it is, with the visible and tangible evidence and experience before every

member of the profession, there are many who withhold their assent to either of the above mentioned well-established facts.

It will now be clear, I hope, why there is still so little practical appreciation of the admitted attributes of the best climate for tuberculosis, even though the nature of that the climate be almost as exactly defined and demonstrated as any other fact in medicine. The reason is, in brief, that from the nature of the case the vast majority of medical men can never have personal experience of such climates, and that the average mind has not the imaginative force to grasp the concrete actuality which the mere symbolism of written and spoken description shadows forth. It is common to see well-informed men testify as much surprise on their first experience of the arid regions as if they had never heard or read of such physical and climatic conditions.

A still more potent reason, perhaps, is the confusion of mind brought about by various observed facts which apparently cannot be reconciled under any one theory. Consumptives are seen to recover in the Adirondacks, in the West Indies, on the mountain top and on the seacoast. Some recover in the dry elevated region of Colorado, others in the mild, highly moist air of Southern California. Some in the furnace heat of the Southern Arizona summer, others in the arctic cold of the Montana winter. No single experience is wide enough to embrace all conditions, and confusion of ideas results.

Nevertheless, the explanation of most of these cases is not difficult, and a reconciliation of apparently contradictory experiences is possible, by referring them all to a single generalized proposition, a general truth arrived at by induction and established by experience.

This proposition is, that the ideal climate for curable or arrestable tuberculosis is that of an elevated, dry sunny and mildly bracing region, where an almost continuous life in the open air is possible.

Here are four main factors in the desirable climate; and, excepting those rare cases which recover by virtue of their inherent vitality after the disease has become evident, every one of these diverse and apparently unaccountable recoveries may be safely accounted for as due to the influence of *one or more* of these factors. For instance, the case that recovers in Southern Arizona is cured by dry and mild air; in Colorado, elevation, dryness, sunshine and bracing air are the factors; on the southern seashores, the mild fresh air and out door life. Each and every one of these factors has brought about cure or arrest of the disease, but no one of them can be depended upon to do so except in a small proportion of cases.

The object of this paper is to assist in clearing up the seeming confusion of ideas and uncertainty in this important matter; to insist that the four great requisites of the climate for hopeful cases are already demonstrated to be as

above stated; and to urge upon physicians a realization of the fact that they must do their whole duty by their charges, *not* by sending them where only one or two of the favorable factors may be found, but where *all* exist in combination, and each in maximum degree; and finally to indicate where such a region is to be found.

The other points having been touched upon so far as the limits of this article will permit, the last point will now be considered.

In the belief of the writer, the four prime attributes of dryness, elevation, sunshine and bracing mildness, are to be found in more nearly ideal combination in central New Mexico than in any other region accessible to the people of the United States. The great New Mexican plateau varies in elevation from 3,500 feet in the south to 7,000 feet in the north. On this plateau mountain ranges rise to a total height of 8,000 to 12,000 feet. In the north, the climate is like that of Denver, Col., but in many respects distinctly superior. Santa Fe, for instance, has almost identically the average temperature, month by month, of Denver; but in summer it is cooler, in winter less cold than Denver; and the occasional or frequent extremes of heat and cold at the latter place are far less marked at Santa Fe. The rainfall is about the same, the relative humidity rather less than that of Denver. But on the whole it is a harsh climate for half the year.

In the south, on the other hand, the air is even dryer, the rainfall less, and the number of sunny days greater than in either Santa Fe or Denver. But the summer heat is apt to be excessive.

There remains, then, the central region of New Mexico, between the two divisions of that territory already considered.

This is believed to be the preëminently favored region of the arid West; the region where it is neither too hot in summer nor too cold in winter; where the elevation—5,000 feet—can be borne at all seasons; where the rainfall is least and the sunshine greatest; where the air is driest and where out door life is practicable at all seasons.

Such is the peculiar physical conformation of the country, that within a few miles almost any desired conditions can be found. One may live in the valley of some such river as the Rio Grande; on the gradual slope leading up from the valley to the *mesa* or table-land 200 to 500 feet above; on this mesa itself; or else on the foothill, where mesa and mountain meet; or perhaps in one of the elevated valleys among the mountains; or, finally, high up among the pine and cedar forests of the mountain side.

Here are six changes that the health-seeker may make within a distance—at Albuquerque, for instance—of fifteen miles: and at each change he will still have all the four prime factors of dryness, elevation, sunshine and bracing mildness, but in varying combinations. If these do not satisfy him he may travel a few miles north, or a few miles south; and long before he has

reached the borders of New Mexico he will have found the best attainable conditions of climate for any season of the year.

Every climate has its drawbacks. But while most regions have serious or fatal disadvantages, it may be safely said that those which are to be observed in Central New Mexico sink to the comparative level of mere annoyances. The country is a vast plateau broken here and there by groups and ranges of mountains and intersected by rivers and cañons. In the main it is an open country, destitute of any but the most tenacious grasses and vegetation. The slight rainfall and almost continuous sunshine necessarily make the soil dry and dusty; and the ordinarily gentle breezes which sweep over the region, while they very rarely become such storms and gales as are common in the East and elsewhere, yet do often, in the spring especially, attain sufficient velocity to raise the dust and sand and cause what are called "sand storms." These are the most annoying incidents of the weather here, but are by no means so serious in effects as might be supposed.

From the topographical conditions above described, it results also that on the open *mesas* or plains, and the wide valleys of rivers crossing them, the chill winds of winter are inconveniently felt. But both sand storms and winter breezes may be almost entirely escaped among the mountains and in other fairly well sheltered localities.

Further drawbacks are the mosquitos, which near water courses and in irrigated valleys are at certain seasons a source of annoyance; and the gnats which at the same seasons seem to be found everywhere but in the mountains.

There is no climate which is at all seasons and in all respects superior to every other, and that of Central New Mexico is no exception to the rule. But as an all year climate, where summer heat and winter cold are equally tolerable, where blankets are needed every night in summer and sunshine invites to open air exercise nearly every day in winter, it is safe to say that it has no equal. Moreover, whatever objection may be made on the score of temperature to the mesa and valley country, can scarcely be urged against the mountain valleys, where the summer heat is never oppressive, and where the chill of the winter weather (due elsewhere chiefly to unobstructed breezes) is less felt because the winds are warded off. And finally, though the temperature in summer may, rarely, reach 95°, and equally seldom may drop to zero in winter, these temperatures, owing to the extraordinary dryness of the air, are far less felt and less harmful than in the East.

In all this arid western region, the clear sky and dry air promote radiation, so that the difference between the day and night temperatures is generally as much as 20 to 30 degrees. The effect if this seems to be rather tonic than otherwise, and no harm seems to result of simple and obvious precautions against the change are observed.

Cases of consumption originating in this region, while very rare, may

always be traced to gross violation of hygienic laws, or to great depressing influences (such as recent severe illness), combined in either case with exposure to infection from imported cases of disease. Practically, tubercle germs do not infect here; children of consumptives grow up heartily; the germs fall on barren ground and do not multiply. Without reckless disregard of all hygienic and preventive measures, this state of things will continue here for many years or forever. These arid regions are nature's sanitarium for tuberculosis.

In California, on the other hand, the soil is receptive and the germs increase and multiply. There the first-comers brought the germs to a region where they had never been brought before in any amount; and many people recovered because the risks of reinfection were slight, because the mild air and out-door life gave them a chance to rally, and because many were not cases of tuberculosis at all. Now, however, conditions are changed. The state is infected from one end to the other, as the writer knows from personal observation. A recent editorial in the San Francisco *Examiner* quotes the State Board of Health as announcing that whereas, formerly, natives of California were almost exempt, now more cases originate there than in any other part of the United States except in tubercle-cursed New England. And the article goes on to lament the short-sighted policy which led to the importation of consumptives by the wholesale into that State.

The lesson is obvious to those who care to learn; the germs will flourish in the Carolinas as readily as in California; the people of those States will likewise inflict a curse upon their posterity if they invite infection, as they seem bent upon doing. And they should at once set about devising means to divert infected visitors from the North, and to send their own cases, to the arid regions of the West, where death may be averted and the seeds of death destroyed.

SOME SURGERY BY A COUNTRY DOCTOR.—ABDOMINAL SECTION.

BY H. F. LONG, M.D., Statesville, N. C.

On September 28, 1895, I was called to see Mrs. A., who lived five miles from Statesville, N. C. I had never seen my patient before this visit. I entered the room and found her suffering extremely with pain which had rendered her hysterical and almost ananiacal. Upon close inquiry I elic.

ited the following history: That the patient was 35 years old, the mother of two children, the youngest of which was 7 years old; that there had been a leucorrhoeal discharge from the uterus ever since birth of last child: she had had great trouble in her last labor, which was prolonged, and that she had been attended by a midwife; that after her menstruation had returned, which was a year after confinement, she suffered great pain, the pain increasing with each menstruation until within the last year, she had spasms, with days of wild hysteria preceding and following each menstruation; that for two years she had not been free from headache except when under the influence of morphine—headache confined to occipital region; that she could not sleep except when lying on her face; locomotion painful, being worse in left hip and running down the leg; a sense of weight always about hips and pelvis—a heavy, dragging feeling, as she expressed it.

I gave her a sedative and told her husband to bring her to my office as soon as she was able to travel. Two weeks afterward she was brought to my office. After careful examination I found the following conditions: Uterus prolapsed, chronic endometritis, womb very heavy with large amount of plastic material thrown out in uterine tissue, extreme tenderness over both ovaries; both tubes could be felt by bi-manual palpation and were very much enlarged; left ovary lying in Douglas' cul de sac.

I advised her to have both ovaries removed, to which she agreed, saying she had rather die at once than live and suffer as she was then doing. So a day was appointed for operation. On the day before operation I gave my patient a brisk purge, shaved the abdomen and pubes, scrubbed her with brush and green soap; the surface was then rinsed off, a towel was wrung out in 1-4000 bi-chloride solution and spread over the abdomen, a layer of absorbent cotton placed over this, a bandage applied and the patient put to bed to await the operation on the morrow.

The next day, summoning to my assistance Dr. Thos. E. Anderson, Dr. Chas. A. Turner, D.S., and Mr. R. A. Campbell, medical student, all of Statesville, I proceeded to the home of the patient. The dressings were removed, the parts again scrubbed with brush and green soap and sponged off with ether. A towel, soaked in bi-chloride solution, was laid over the parts and the anesthesia commenced, which was by ether, administered by Dr. Turner.

As soon as the patient was sufficiently anesthetized I scrubbed out the vagina with green soap. The uterus was then pulled down, thoroughly dilated and curetted and packed with strips of iodoform gauze.

An incision was then made in the median line through the abdominal wall, beginning four inches above the pubes and extending down to this point. The incision through the peritoneum, however, was only two inches in length. The right ovary was then sought for and found embedded in slight adhesions,

which were easily broken up. The ovary, with its pedicle and tube, was then pulled up through the incision. The pedicle was transfixed by a large needle carrying a double thread and was tied in two parts, into the loop of which the tube was pulled so as to secure the removal of most of its length. The pedicle was then severed about $\frac{1}{4}$ inch beyond the ligature. The left appendage was then dealt with in the same way except that the adhesions were old and well organized, hence more difficult to break down. The left ovary was found to be entirely destroyed by cystic degeneration. The tubes were four times their normal size. The incision was then closed by silk worm gut sutures, a strip of gauze was placed over the incision, absorbent cotton over this and the ordinary many tailed bandage applied.

The patient's recovery was uneventful and complete, the temperature never reaching 100 degrees; pulse never going over 80 per minute. The dressings were not removed until the ninth day, when the incision was found to be thoroughly united. The stitches were then removed. The patient has not suffered the slightest headache or nervousness since operation, but has gained flesh and says her health is entirely restored.

Selected Papers.

OBSERVATIONS ON GENERAL PARESIS.

BY F. H. STEPHENSON, M.D., Syracuse, N. Y.

I will invite your attention for a few moments to the consideration of general paresis of the insane, with reports of several cases which have fallen under my observation, presenting many phases, some having been seen in their incipency, when but little physical or mental change was recognisable.

The question is often asked, Does general paresis exist without mental disorder? I have seen several cases which continued for months without exhibiting mental deterioration and I have found reports of many others; but I know it is the accepted opinion that mental changes are found in most instances, before death, though often presenting symptoms only of weak-mindedness and little importance is attached to them.

The rapidity of degeneration and the amount of mental loss in a given time, of course, varies. According to Savage, the disease in special in so far that it ends fatally in nearly all cases and whatever the earlier symptoms may have been; those of the later stages are similar to a remarkable degree. Remissions do occur and patients improve to so great an extent that they are

discharged from hospitals, and if they lead a quiet life they remain well for months, but usually not over a year. If they engage in active pursuits the breakdown comes sooner and a second return to health rarely occurs. The greatest importance attaches to the early stages, for if anything is to be accomplished in treatment it is at this time. A parietic will make unreasonable investments bringing on financial ruin and his condition not be recognised until his financial fall. Friends say his losses caused him to lose mental balance, when, in reality, his mental failure preceded and was the cause of his wrecked finances. On this account early attention and proper restrictions should be made.

The prodromal symptoms are of vast importance, enabling us to make an early diagnosis. They may be physical or mental. Headaches and attacks of vomiting often precede this disease. When head-pains of a variable kind occur with men usually strong, unless of strongly neurotic families, it is well to be guarded in the diagnosis. If with such men there is a cessation of business and family cares, the onset of paresis can often be deferred. Word blindness and word deafness or over-acute hearing are sometimes met with; clipping of words or letters; difficulty in pronunciation; slurring them over indistinctly; tremor of the tongue and facial muscles, especially about the mouth; over-action and twitching of the occipito-frontalis—these are all suspicious symptoms.

Dr. Gray suggests extending the arm and leg, then letting them rest on your hand, will readily reveal a tremor, which, in many cases, has not been observed. The wrist and knee reflexes are exaggerated, though rarely are they diminished. I have observed that the pupillary alterations are frequent and vary greatly, some being irregular in their marginal contour, some dilated. Rarely are they contracted; often one is larger than the other; there may be sluggish reaction to light and often they do not react to accommodation. Ataxic gait develops, also ataxic movement of the upper extremities, which is well shown by having the patient close his eyes, extend and swing his arm, then suddenly tell him to touch the end of his nose with the index finger. I have repeatedly seen this incoördination thus brought out.

With the physical symptoms we earlier or later observe mental changes, as great irritability, forgetfulness, marked extravagance, irregularities in business matters and suspicion, until the patient develops the second or maniacal stage. In this stage the mental symptoms increase; there are stupor and delusions of a grandiose character, the patient imagining himself very rich and powerful, but being too dull to reason his point. This form differs from the mania of paranoia where the delusions are sustained by argument. In this stage they often become violent and die of exhaustion, or commit suicide, especially if at all melancholic.

In the third stage or stage of dementia they become foolish and silly, showing lack of all mental process.

Duration.—These cases average, according to many reports which I have gathered, about two years. This applies more strictly to those of whom a specific history was given, though some cases live from four to six years after the earliest noticed symptoms. Convulsions may occur during the disease. In some of my cases there was but slight mental change noticed until after the convulsions appeared; in fact, in one case it appeared to be the onset and there was no recurrence of convulsions until within a few hours of death, which occurred nearly a year after the first attack. With this man the symptoms were largely physical—there was mental enfeeblement, but no delusions or ideas of grandeur.

Any condition which may start a decay of the higher nervous tissue will give rise to symptoms which resemble those of paresis. Moreover, it may be a matter of accident whether this be due in the first place to disease of arteries, to malnutrition with constant strain or changes in relation between brain and blood-vessels.

Regarding the relationship between syphilis and general paralysis, I have found several cases reported where that disease was followed in both husband and wife by paresis. I have had under observation for some time two women who suffered from Jacksonian epilepsy, both having had syphilis. The spasms yielded entirely to specific treatment; their husbands had both had syphilis and have recently died of general paralysis.

The question regarding etiology often arises, but what is general paresis? Certainly it is a premature irregular dissolution, differing from senility in its irregular manifestations both mental and physical, the changes in some cases being rapid, in others explosive, while some are very slow and present marked remissions. An imperfect brain, either hereditary or from congenital causes or imperfect development, it appears to me, must be the first condition in resultant degeneration in a large number of paretics. Although this statement is probably doubted by many observers, I cannot see why the many causes given—namely, syphilis, intemperance, overwork, worries, bodily diseases or infirmities, traumatism and exposure, may not be the excitant ones, as I believe they are in many cases, though not the primary causes in all.

We often meet with parties in whom all of these familiarly so-called causes are absent and their histories differ greatly, some presenting mere physical changes with little mental disturbance, others in whom the ego is wonderfully altered and exalted with little physical deterioration. Some asylum statistics, I am aware, go to prove Morel's early statement that heredity or a strong neuropathic constitution does not enter largely into the etiology of paresis. Regarding the temperature changes, I think most carefully prepared statistics have proven that the principal variations are due to different forms of paresis, but more especially to the development of some intercurrent affection as inflammation of the respiratory tract, bed sores or the onset of convulsive seizures,

One very interesting and I might say typical parietic whom I observed for three years, during the entire duration of his disease presented a most remarkable pulse. At intervals during the first three months of illness the beats dropped to thirty per minute and so continued for two or three hours each time. Severe epistaxis was also frequent in this case, though the heart failures were not associated with the hemorrhages, occurring frequently on different days. It was probably due to some derangement of the cranial branches which help to form the cardiac plexus, as there was no apparent valvular disease, though such is often found where syphilis is associated if not the cause, as was the condition in this patient. I have had some very interesting cases of general paresis under treatment, combining also tabetic symptoms in the legs. In one the arms, head and tongue presented the jerky incoördination of disseminated sclerosis. As yet there has been no opportunity of demonstrating the two lesions.

The history and symptoms are as follows:

Mrs. W., aged 45; married; no children. Family history negative, so far as I could learn. Previous health always good until one year ago, when she had la grippe; since then never well. The first and most attractive sign was the marked tremor of the head and exaggerated or overaction of the facial muscles when she attempted to speak. There was almost a snapping of the jaws. Loss of memory; very nervous and restless, but fairly intelligent. Says she sees shadows following her and hears voices talking to her, which two latter symptoms are very suggestive of insanity. There was no swaying of the body with the eyes closed. She could walk, also walk well, when the eyes were closed. Good grip; ataxia of the upper and lower extremities; kneejerks absent. Her family say she was formerly always good-natured, but has become fretful and is often very irritable. She is very weak and has headaches very often in the morning, but during the day they disappear and she feels stronger. Sleeps well; no vomiting; good appetite; at times very stupid and tumbles when walking. In this case the flushings of the face and pallor, vasomotor phenomena, are very marked.

Of fourteen *postmortems* held during the past year and reported by Dr. F. C. Sawyer, of the St. Lawrence State hospital, the calvaria were thickened in seven cases; thin in three cases; firmly adherent in three cases; the condition in the fourteenth not mentioned. The dura was thickened in seven cases; firmly adherent in three cases; the condition not reported in the remaining four. The pia was thickened in five cases; attenuated and anemic in one case. The arachnoid was thickened, opaque, infiltrated and distended with fluids in about half the cases. The cortex was quite generally softened, with but little atrophy and irregularly located erosions on all the convolutions of the vertex; the basal ganglia bulb and olfactories were softened. Also an overgrowth of the neuroglia, and atrophy of the cells and nerve fibers of the

gray matter: ventricles enlarged; vascularity increased. The lumen of the vessels is diminished, the muscular coat hypertrophied and partially paralysed and degenerated, allowing extravasation of blood into surrounding tissues. Development of spider cells, which proliferate and develop, according to Lewis, into scavenger cells. The weight of the brains was given, the variation being from thirty-seven to fifty-three and one-half ounces. In the spinal cord changes were found similar to those in the brain. The posterior commissure, the columns of Goll and Burdach, are most often affected and present the changes of descending degeneration. Anesthesia of the skin is occasionally present and, as Dr. Burns stated, leads to self-mutilation. Patients think the limb or portions of the body affected is dead or a foreign body. One of my patients wished his limb taken off, insisting it was a fish leg.

A few cases of Charcot arthropathies have been reported in general paretics. I saw one in the National hospital of London, associated with paresis and tabes dorsalis, and recently one in the St. Lawrence State hospital in Ogdensburg. In the latter case ptosis of the left eyelid also was present with the Charcot lesion of the left knee. It was a transferred case, the early history of which was not at all satisfactory, and as the patient was in the last stages of paresis, his information regarding development was valueless. Optic atrophy I have also observed in three cases causing blindness; this I think is rare before the latter stages. The pathological changes in the thoracic and abdominal cavities vary greatly, though Julius Mickel reports pulmonary disease in nearly 90 per cent. of his autopsies. There are some resemblances between paresis and other forms of insanity, but with the patient's previous history and a careful analysis of the symptoms, a diagnosis can be prepared for.

An ataxic gait with absence of the tendon reflexes and pupils which contract to light, but not to accommodation, will suggest tabes; but if with these symptoms there is mental enfeeblement and hesitating speech, general paresis should be suspected and especially so when the lightning pains are absent. Again, disseminating sclerosis presents some similar symptoms, though the tremor is much coarser and there is more often nystagmus; there is not so marked ataxia and the mental symptoms appear much later. Paralysis agitans presents a plainly marked picture when one has studied these cases. I have diagnosticated several of these cases before the tremor began to show itself. The peculiar bent attitude, slow speech, the characteristic way of carrying the hand partially bent, bringing the thumb and finger together (this joint and others become fixed in many cases), the dull expressionless face, absence of pupillary alterations or of paroxysmal exacerbations and the constant tremor. No mental changes occur other than those accompanying old age.

Cases of melancholia, though similar to paresis in some respects, can after a little study and observation be diagnosed. I have just sent to an institution a man who presented for six months a picture of stuporous melancholia with a tendency toward dementia. For only a month have I been at all suspicious of paresis. The depressed state has continued throughout the entire period, but the physical symptoms are developing and he has exhibited homicidal tendencies; tendencies requiring moral restraint and separation from his family. In this case the cerebral reflexes were very slow. No grandiose ideas; in fact, the depression and dulness were so marked that the physical signs were almost entirely masked. But recently the tremor, uncertain speech, skipping of syllables and letters, twitching of facial muscles and tremor of the tongue can be recognised, though only at intervals. There are no causes other than la grippe obtainable in this patient. The depression is intense in this class of cases, like an extreme type of melancholia, but the physical symptoms confirm the diagnosis.

Another form of paresis was presented in the following case:

Mr. B., 48 years of age, railroad engineer; but of late a barkeeper. He gave a specific history, but was always robust. Symptoms—severe headache, nausea, tremor of the tongue, also of facial muscles, tremor of the hands, flushing and pallor of the face and contracted pupils. Following the prodromal or stage of alteration, he grew reckless, extravagant, suspicious and dishonest, finally homicidal. He had grandiose ideas and plans, relating to himself, his financial standing and physical development, requiring asylum care, where he has been for over two years. Convulsions threaten his life frequently. He has grown very stout and appears strong except when attempting any active movement, when tremor is very marked and exhaustion follows. He shows increased mental enfeeblement and will doubtless live only a few months.

Mr. S., aged 32; patient overworked and studied nights through his early life and always had heavy responsibilities and worries. He contracted syphilis some years ago, but was apparently well until the onset of what proved to be general paresis two years ago. When he first came under my care he complained of general weakness, forgetfulness, headache and general inability to do his work. Knowing something of his early history I prescribed the iodide and mercurial treatment with tonics. I also advised a vacation, which he took for one month, when he returned to the city greatly improved. In a few weeks the same story was repeated, with added distress that he failed to give satisfaction to his employer. At this time his pupils were irregular, one much smaller than the other and he began to be irritable and extremely feeble. Soon a convulsion occurred which completely unbalanced his reason; he became unmanageable and was removed to an asylum. Typical symptoms developed, but none of the grandiose ideas. He passed

from bad to worse and died recently in convulsions, only two years from the earliest noticed manifestations.

Time forbids the presentation of the histories of other cases under observation. Two of these given cases present syphilitic histories; in two there were no histories of specific diseases, intemperance or traumatism; and as stated I find the minds of men divided regarding the etiology of this disease. All are convinced, however, of the advisability of an early diagnosis and close observations when the earliest symptoms become manifest, that by rest, electricity, tonic and specific treatment the progress may in some cases be delayed; also that bodily injury may be avoided and financial losses averted by checking extravagant investments and foolish schemes before it is recognised that our patient is mad.

SERUM THERAPY.

Schaefer (*Arch. Gén. de Med.*, August, 1895) discusses the present position of the serum treatment after referring to the researches upon which it has been built up.

1. *Tuberculosis*.—Richet and Héricourt were the first to treat the disease with serum obtained from refractory animals, but up to the present moment no very good results have been obtained.

2. *Rabies*.—Serum treatment does not appear to have a great future, as immunization by intensive vaccination gives greater success.

3. *Pneumonia*.—After referring to the investigations, the author observes that the serum treatment deserves to be considered. The reason that it has not been more generally adopted is probably on account of the difficulty of obtaining the serum from immunized rabbits.

4. *Enteric Fever*.—Here the clinical application of laboratory facts has not given any very good results. This may be partly due to the length of time between the penetration of the poison and the treatment and partly, possibly, owing to mixed infections.

5. *Typhus*.—The injection of serum from patients who had suffered from typhus was adopted with good results by Legrain in an epidemic in Algeria.

6. *Cholera*.—The cholera peritonitis of animals is very different from cholera in man. Behring recently announced that he had obtained a curative serum, but the results have not yet been published.

7. *Syphilis*.—The serum from the dog and lamb have been employed, and sometimes with good results.

8. *Streptococcus Infection*.—Animals have been vaccinated against this infection. The serum so obtained has been used in puerperal fever with good effect. It has also been employed in erysipelas and angina.

9. *Cancer*.—The results as yet obtained are insufficient to carry conviction.

10. *Tetanus*.—Well-marked tetanus is very difficult to cure in animals, and thus it is not to be wondered at that the results obtained in man are not conclusive. The serum, however, provides a valuable prophylactic agent against tetanus.

11. *Diphtheria*.—It is in this disease that the serum treatment has registered its greatest triumphs. Where mixed infections exist the results have naturally not been so favorable. The slight accidents caused by the treatment are to be disregarded in view of its remarkable efficacy. The author then refers to the successful application of the serum treatment to snake-bites. The general results thus far obtained by the serum therapy promise a successful future for this new method of treatment.—*British Medical Journal*, August 24, 1895.

NORTH CAROLINA MEDICAL JOURNAL.

ROBERT D. JEWETT, M.D., EDITOR.

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Editorial.

The Marine Hospital Service and its Tuberculous Patients.

Dr. W. D. Bratton, passed assistant surgeon of the Marine Hospital Service, discusses (*N. Y. Med. Jour.*) the desirability of isolating those patients who seek the aid of the service, suffering with tuberculosis. He views briefly the history of the establishment of the service and cites the many disadvantages under which the seaman earns his living, and the great service he does the country in maintaining our relations with the rest of the world in times of peace and in defending our coast in times of war. It is fitting that a generous and sympathetic people should, through their servants at

the national capital provide means for the relief of these men who give up home and home ties, and having no fixed abiding place have not the right to enter the municipal hospitals in the city in which they may chance to be overtaken by disease.

In the light of our present knowledge when the cause and method of infection of phthisis is so clearly proven, this service undoubtedly leaves a duty undone when it fails to provide separate and distinct hospitals for the treatment of these patients. Besides fulfilling this duty to the patients themselves the service would be taking an important step in carrying out the additional duty imposed upon it of enforcing and administer-

ing the national quarantine. Various municipal boards of health have seen the necessity for providing special hospitals for consumptives and large appropriations have been made for this purpose. The Marine Hospital Service should be among the first to respond to the teaching of modern science and set the example for the different cities and States of the nation. The surroundings of the sailor in his quarters in the forecastle and at the sailors' boarding houses are especially suited for the spread of tuberculosis if one affected person be present to furnish the germs. It would be important then to carry out the doctor's suggestion of requiring the masters of vessels to report known or suspected cases of tuberculosis that they might be removed for treatment and the infected part of the vessel disinfected. The reports of the surgeons of the service show that "as a fact, nearly all seamen with tuberculosis of the lungs die." How

necessary, then, that some more hopeful method of caring for them be adopted. The author advocates the establishment of a sanitarium in the arid region of the Rocky Mountains, such as is to be found in central New Mexico, to which all sailors affected with the disease shall be sent. The advantages of this region are set forth by the same author in an article on another page in this issue. He claims as results of the establishment of such a sanitarium that "our general hospitals will be free from introduced infection; that the sailors' boarding houses will no longer be contaminated; that seamen will no longer be poisoned as they sleep in their bunks aboard ship." We agree with the author that a simple and earnest statement of the case to members of Congress will not fail to carry enlightenment, and with it conviction, as to the need for such an institution, and that the comparatively insignificant sum necessary would be appropriated.

Reviews and Book Notices.

Exercise and Food for Pulmonary Invalids. By Charles Denison, A. M., M.D.; Professor of Diseases of the chest and of climatology, University of Denver. Cloth, Flexible back, 72 pages; price 35 cts. The Chain and Hardy Co., Denver, 1895.

The author bases his remarks on his own experience, both as a patient and physician. He has formulated, in two essays, a program for regular exercise, especially calisthenics, which will cause greater lung movements, and the most desirable articles of diet

for the consumptive. It is intended not only for the use of physicians, but as a help for patients as well, by putting in their hands such plain and concise instructions as will save the physicians much reiteration on the subject of exercise and diet.

A Manual of the Practise of medicine. By George Roe Lockwood, M.D., Professor of Practice in the Woman's Medical College of the New York Infirmary, etc, etc. With 75 illustrations and 22 full-

page colored plates. Cloth, octavo, pages 936. Price \$2.50. W. B. Saunders, Philadelphia. 1895.

This is a new volume of Saunders New Aid Series, and it has been the author's aim to present the essential facts and principles of the practice of medicine in a concise and available form. To bring the work within

the required limits much in the way of history and diverse theories is omitted, only the generally accepted facts being given. The book is well gotten up, the illustrations being especially good, and will prove very useful to students and others who wish to make a hurried review of the subject.

Abstracts.

SOLANUM CAROLINENSE (Horse-Nettle) IN EPILEPSY.—Dr. Chas. S. Potts, (*Therapeutic Gazette*) reports the results obtained from *Solanum Carolinense* in the treatment of thirteen cases of idiopathic epilepsy and four of organic in the University Hospital, at Philadelphia. In five cases, two of which were organic, there was no improvement. In the remaining twelve there was more or less improvement. The five in which there was no improvement were subsequently placed on other treatment with some amelioration of the symptoms. The dose was begun at 10 drops, but it was soon seen this dose was of no benefit and afterward the doses varied from 30 drops to a teaspoonful of the fluid extract three or four times daily. No unpleasant effects were observed, except in some cases a mild diarrhœa. He offers the following conclusions: .

1. That the drug has a decided influence for good upon the epileptic paroxysm.

2. That this influence is probably not so great or so sure as that obtained by the use of antipyrin and the

bromide salts, or even of the mixed bromides.

3. That in those cases in which it is of service it relieves the paroxysms without causing other unpleasant symptoms, such as are sometimes caused by the use of large doses of the bromides.

4. That the dose ordinarily recommended (10 to 15 drops of fluid extract) is too small, and that as much as a teaspoonful or more four times daily is often needed to secure results.

CONJUNCTIVITIS.—Dr. A. E. Anderson, (*Therapeutic Gazette*) has had very gratifying results from the use of antipyrin in treating conjunctivitis. A 10 per cent. solution is applied to the tarsal conjunctiva on a pledget of cotton, taking care to push it well up into the retrotarsal fold. The application causes only momentary pain. The gritty sensation which causes the patient to blink disappears, and the danger to the cornea from friction with the rough surface of the lid is lessened. A 4 per cent. solution is given the patient to be used three times daily.

THE DANGERS OF SECONDARY HEMORRHAGE FROM A BROAD LIGAMENT PEDICLE, AND THE BEST PREVENTIVE.—Tait (*Medical Press and Circular*, vol. iii., No. 1), in discussing this question, says that peripheral fixation is not alone what is wanted in the broad ligament ligation. A simple experiment with a bundle of thirty or forty short pieces of cord will show this,—an experiment Tait often shows his pupils. Tie them together with a simple circumferential hitch, and no matter how tight the ligature, you can pull out the middle cords and loosen the whole thing. But transfix once and the difficulty of pulling out the middle cords is greatly increased; transfix twice and you cannot pull them out.

Practically, a broad ligament pedicle is a small bundle of cords, and the ease with which they may be pulled out of the ligature depends on the degree to which they are spread out, the method in which the pedicle is divided, and the greater or less skill with which any ligature may be applied.

There can be no doubt whatever that the ideal method of dealing with the pedicle is that of Baker Brown,—the cautery,—and if it could be applied in a reasonable time it would supplant the ligature in a month.

Any ligature may fail. It is the height of nonsense to talk of a perfect ligature; perfect application of the ligature is what is required, and Tait's advocacy of the Stafford knot is on this ground, that it is more likely to make up for bad workmanship than any other, on account of its combination of the one circle require-

ment, central fixation, and this mechanical advantage, which any workman will understand, that its leverage of extra and final constriction is double and on very short fulcra. But the rules he laid down for its application must be obeyed, and if they are not obeyed the knot must not be blamed. In fact, if any knot slips, it is the surgeon's fault and not that of the knot.

He makes it a part of his business to teach young operators how to work by not merely showing them operations, but by making them operate with him as their assistant (and master). In dealing with the pedicle he is inflexible. The rules are simple, but they must be obeyed, and ligatures so adapted do not slip.

1. If the pedicle is long and round, it may be tied almost anywhere, but the farther from the uterus the better.

2. It must be carefully penetrated by a needle which does not cut. (Instrument-makers do not care a straw whether a needle cuts or not, and Hagedorn's horrible instruments seem to have made a fashion for cutting needles. They possess every quality a needle ought not to possess.) No veins must be wounded in the perforation of the pedicle if they can possibly be avoided, and usually they can.

3. The Stafford knot being applied, the "slack" must be hauled in not once only, but several times, and this is the injunction most usually neglected, and to the neglect of which cases of "slipping" can usually be attributed. The first hitch is then secured and the pedicle divided, the details of the operation completed, and then, at the very end, the pedicle is

forced up, the first hitch retightened, and the second hitch applied.

4. The division of the pedicle is not sufficiently regarded as an important detail, and to this there can be no doubt that many cases of slipping of ligatures (of every kind) are to be attributed. The amount of pedicle left on the distal side of the ligature is a matter of no moment; the peritoneum will remove it in due season. A short-cut pedicle is always a source of danger, and a pedicle which must be cut short, but which is cut straight across, is equally risky. But the risk can be greatly diminished by cutting the pedicle on the distal side of the ligature, like a double-flap amputation, especially if the pedicle is thin and broad, for that is the most risky condition.

Tait reports that he has had a few pedicles lately so wide that he has put clamps on them and finished the operation before he puts on the ligature, and these are the cases in which he regrets the cautery.—*Therapeutic Gazette*.

THE NUCLEINS AND THEIR RELATIVE POSITION IN SERO-THERAPEUTICS. (Dr. R. H. Fay, *Nashville Jour. of Med. and Surg.*) The nucleins are the protoplasmic or bioplastic cell substance, primal unit of the organism; the cell life, vital and resistant force; a proteid, granular cell life substance in which all vital energy and cell life with resistant force, and through which all animal nutrition took place. The nucleins were proteid bodies residing in the tissue cells and blood corpuscles and the yeast of certain plants (animal and yeast nucleins). The former taken from the blood and

lymphoid glands of the body, residing principally in the poly-nuclear blood corpuscles or leucocytes, the proliferation of which they have the power of increasing (leucocytosis). They are natural defenders, arresting and overwhelming all alien or disease germs as they enter the blood stream. Messrs. Naughton and Clintock, principally the former, have developed them. They are gotten up in three forms, nuclein solution from the tissues of the body, thymus, thyroid, liver, spleen, etc., animal; and from the tissues direct, protonuclein. The principal difference between the antitoxines and toxins is that the toxins antagonize or antidote a poison or ptomaine formed by the presence of alien or disease germs, and they belong to the class of albumin serums, while the nucleins belong to the alexin class of serums, and attack the germs direct as soon as they reach the blood current. The nucleins are more direct, if less powerful, and have the advantage by attacking through the leucocytes any and all germs or poisons entering the system. Reports are encouraging from eminent men. The author reported an ulcer of sixteen years' standing cured in four months. Another case of ulcer of the ankle joint (both non-tubercular) very greatly relieved in same time. He favors, from limited experience, a more general application of the nucleins.

SERUM-THERAPY AND DIPHTHERIA ANTITOXIN. The *Medical News* of November 23d says: While a great deal has been said of late about the effect of injections of diphtheria-anti-

toxin, comparatively little study and attention have been bestowed upon the effect of the serum itself when injected into a human being. It is rather strange that so many physicians should have taken it for granted that the serum is inert. If this assumption proves to be without foundation, then we have another and important disturbing factor introduced into the already complex problem of determining the real practical value of the diphtheria antitoxin treatment.

At a recent meeting of the New York Academy of Medicine an attempt was made to clear up this part of the subject. Dr. Henry Dwight Chapin detailed a series of experiments that he had made on animals with a view of determining the effect, if any, of injections of serum obtained from healthy horses. These experiments prove in a general way that the injection of the horse serum produces a moderate reduction in the number of red blood-globules, and causes congestion of the spleen, congestion and cloudy swelling of the kidneys, and sometimes areas of fatty degeneration. Most of the experiments were performed upon rabbits. These results indicate that it is no longer wise to look upon the serum as an inert and harmless substance, and suggest that greater caution should be observed in adopting this treatment. Several observers have noted that the transfusion of the blood of the lower animals into the human subject is followed by a temporary rise of temperature and an acceleration and weakening of the heart's action, and that in addition to

a marked destruction of the red blood-cells there have been pathologic changes observed in the kidneys and hemopoietic system. An erythema, similar to that so commonly seen after the administration of the diphtheria-antitoxin, has been known to follow the injection of the plain serum from a healthy horse. There can be no doubt, however, that the trend of scientific opinion among those best fitted to judge is that the treatment of diphtheria with the antitoxin has tremendously lessened the average rate of mortality. Despite all adverse facts, that appears to be beyond dispute.—*American Medical Review*.

CERTAIN MEASURES FOR THE PREVENTION OF RECURRENCE OF MALIGNANT TUMORS AFTER EXTIRPATION.—(*Medical Week*).—A German surgeon, Dr. O. Hasse (Nordhausen), who has had occasion to operate on a large number of subjects suffering from cancer or sarcoma, has found that the reproduction of these neoplasms after extirpation may be prevented by the adoption of the following course:

"In the first place, care must be taken not to damage the tumor to be operated upon, by a rough examination. The injurious influence of rough handling on the growth and multiplication of malignant neoplasms is well known. Yet many surgeons do not in the least hesitate to press and knead such tumors in the course of their examination, and, as persons affected with malignant neoplasms, as a rule, consult several medical men before they can make up their minds to have recourse to surgical

intervention, it is easy to understand the ill effects, in respect of the ultimate evolution of the tumors, resulting from the repeated mechanical irritation to which they are subjected. As a matter of fact, it is precisely among patients who have consulted a large number of practitioners that Dr. Hasse has most frequently met with post-operative recurrences; whereas, on the contrary, such patients who have been fortunate enough to undergo but few and cautious examinations are usually permanently cured.

"Another point of great importance in preventing the reproduction of the tumor is to prepare the patient for the operation by injecting, for several weeks, alcohol around the neoplasm. For this purpose Dr. Basse employs a mixture of 30 parts of proof spirit and 70 parts of distilled water, which is injected twice a week all around the tumor, as well as around the infiltrated glands when these are present. The quantity of alcohol injected each time varies according to the size of the tumor, the dose being sometimes as high as 20 c.c. These injections present no other inconvenience than that they are somewhat painful and occasionally cause slight intoxication. In order to avoid injecting the alcohol directly into a blood-vessel he proceeds as follows: Having inserted the needle deep into the tissues, the syringe is detached, leaving the cannula in place; if then no blood oozes through the latter, the syringe is screwed on and the injection proceeded with; but, if blood makes its appearance in the cannula, the needle is withdrawn and inserted in another place.

"Under the influence of these injections, the tumor usually decreases in size, becomes less tender, and surrounds itself with a protective zone of of sclerotic tissue, which interferes with the migration of the infective germs, and consequently prevents post-operative reproduction. Sometimes the injections of alcohol even cause the neoplasm to disappear completely, rendering operative intervention unnecessary. In such cases the injections should be continued for some time after the apparent recovery, though at longer and longer intervals.

"As a rule, however, operation is indispensable, and, if so, there is a third measure to be applied, which, Dr. Hasse states, is fully as important as the two preceding ones. Instead of suturing the wound, as surgeons are usually in the habit of doing in order to obtain immediate union, it should be left open until it heals by granulation.

"Dr. Hasse employs the following mixture for dressing these wounds:

| | |
|----------------------------|---------|
| Morphine Hydrochlorate, | 20gme. |
| Pure Liquid Carbolic Acid, | 30gme. |
| Glycerin | 250gme. |
| Water | 750gme. |

"Mix.—For external use.

"With this liquid the operative wound is carefully washed, after which small cotton and gauze compresses are steeped in it and placed over the wound, the whole being covered with water-proof or a layer of dry gauze.

"This dressing, which, according to Dr. Hasse, never determines symptoms of morphine intoxication, has the effect of immediately checking all pain in the region. The patients, therefore, feel well, have excellent

appetite, sleep soundly, and experience no inconvenience from the operation which they have undergone. In addition to its analgesic effects, this dressing is also said to exert a destructive influence on the contagious agent of malignant tumors, not only on account of the carbolic acid, but also of the morphine which it contains, the latter, as is well known, being a parasiticide.

"Such are the measures which Dr. Hasse recommends as capable of preventing, if not invariably, at any rate in the majority of cases, the post-operative recurrence of cancer and sarcoma.

"Should, however, recurrence take place, recourse should be had at once to injection of alcohol around the circumference of the tumor."—*American Medico-Surgical Bulletin*.

MALARIA ON THE ATLANTIC SEABOARD—Dr. William Osler, of Baltimore, calls attention, in the *Medical News* of November 23, to the importance of Lavarán's discovery of the germ of malaria. He holds that the profession at large has not yet laid to heart the following rules: 1. That the diagnosis of the malarial fevers can be made with certainty by the blood-examination. 2. That an intermittent fever which resists quinine is not of malarial origin. The United States Census Report for 1890, recently issued, which covers the six years ending May 31, 1890, gives the following number of deaths from malaria, to which I add for comparison those of typhoid fever:

| | | | | | |
|------------|---|-------------|-------|---------------|------|
| Washington | - | Mal. fever. | 500; | Typhoid fever | 850 |
| Baltimore | - | " | 184; | " | 904 |
| New York | - | " | 2060; | " | 2081 |
| Brooklyn | - | " | 1418; | " | 1002 |

That in Baltimore, New York, and Brooklyn the deaths from malarial fever exceeded those from typhoid will, no doubt, be read with astonishment, particularly by those familiar with the conditions of practice in those cities. Any reasonable physician in Philadelphia or Baltimore will at once acknowledge that a death from malarial fever is a great rarity, while deaths from typhoid fever are only too common. Dr. Osler quotes the death returns of the New York hospitals to show that very seldom a death from malaria occurs, and in Brooklyn the mortality is steadily declining.

He says: The conclusion of the whole matter may be thus briefly expressed—the mortuary bills dealing with malaria are false, due either to ignorance or to wilful deception on the part of those who make the returns. Malaria is a disease that now rarely kills in the large towns on the Atlantic seaboard, and it behooves the profession to abandon the practice of making a careless diagnosis of the disease in every case of obscure fever which proves fatal, and the Medical Boards should refuse to receive a death certificate signed "malarial fever" without more specific details than have heretofore been demanded.—*American Medical Review*.

ARSENIC INJECTIONS IN CANCER.—F. Hüe (*Medical Week*).—Having successfully treated chancroids by application of arsenical ointment, it occurred to Dr. H. to try injections of

arsenic in inoperable cancerous tumors. For this purpose he first employed Boudin's 1:1000 solution of arsenous acid, and later the following mixture:

Arsenous Acid 1 part
Cocaine Hydrochlorate . . 5 parts
Boiled Distilled Water . 500 parts

One to 2 c.c. (16 to 32 min.) of this liquid are injected into the neoplasm at intervals of from two days to a week.

In a case of epithelioma of the cheek, which recurred after operation and was accompanied by swelling of the glands of the region, Dr. H. states that he obtained complete recovery by injections of Boudin's solution daily for several months. In the course of this treatment, however, the patient had two attacks of erysipelas, which may have exerted a curative effect on the neoplasm.

A woman under the care of Dr. Planel is also said to have been cured of a tumor of the breast by injections of arsenous acid.

These injections were resorted to in several other cases of recurrent cancer, with the result that the development of the tumor was manifestly retarded, and the general condition improved, in some patients; in others, however, they had no effect whatever.—*American Medico-Surgical Bulletin.*

THE TREATMENT OF TUBERCULOSIS IN CHILDREN WITH IODOFORM INJECTIONS.—Wieland (*Deutsche Zeitsft Chirurg.*) finds the conservative treatment, with 10 per cent. iodoform injections, of tuberculosis of the soft parts, bones and joints, much more

satisfactory in children than in adults; and analyzes in support of this view, the report of the Children's Hospital of Basle for the last five or six years.

He finds that tuberculous abscesses treated in this way healed very often. The method employed was to empty the abscess with an aspirator, then irrigate with a 4 per cent. boracic acid solution and, after the cavity had been well washed out to inject 20 to 30 ccm. of a 10 per cent. iodoform emulsion, either in glycerin or oil or in water adding a small quantity of gum arabic to hold the iodoform in suspension. As often as the abscess refilled, the operation was repeated.

It is essential to keep the part treated at rest, and to firmly support it with a flannel bandage.

Of twenty-one cases treated in this manner, sixteen or 80 per cent. were fully cured, four were removed from the hospital by parents before treatment was completed and one case was a positive failure. In eleven of the sixteen successful cases, one injection sufficed; in one two were necessary; and in four the patient required three injections. Fistulæ at the point of injection occurred four times and once there was a septic infection of the large abscess.

Twelve cases of joint tuberculosis were treated in this way. Nine or 75 per cent. were cured and two cases much improved. Joint cases required from six to thirteen injections given during a period of two to six months.

Four cases had acute nephritis from the iodoform which, however, speedily disappeared. In one case there was severe iodoform intoxication but in this case 20 per cent. emulsion was employed.—*Pediatrics.*

THE TREATMENT OF OPIUM-POISONING.—Dr. Leedom Sharp, (*Therapeutic Gazette*), from elaborate investigations upon potassium permanganate, concludes: (1) That the susceptibility of lower animals to the action of morphine renders experiments on them very unsatisfactory in arriving at any results referable to man. (2) That the dose necessary to counteract the enormous lethal dose of morphine in the lower animals must of itself prove fatal. (3) That its exhibition by the stomach or hypodermatically has a marked influence in prolonging the life of rabbits poisoned by morphine. (4) That its action, when given separately from and not immediately following the dose of morphine, is not chemical, because (a) there is no proof of a chemical action to be deduced from the cases or experiments; (b) there is evidence that it does not act chemically. (5) Its action is physiological, because (a) there is no proof that it acts chemically, except when brought in direct contact with the stomach. (b) There is evidence that its exhibition, by the stomach, or hypodermatically, increases the number of respirations. (c) There is evidence that its exhibition, by the stomach or hypodermatically, has an appreciable effect upon the circulatory system, as seen by the dilatation of the vessels of the ears and by the direct effect upon the blood. (6) It is not a reliable antidote, because (a) there is no proof that when it is given after the absorption of the morphine, it is, *per se*, a reliable antidote. (b) There is evidence that when it is given after the absorption of the morphine it is an

unreliable antidote. (c) There is proof that when it is given after the absorption of the morphine it has no apparent effect. (7) It, like strychnine, caffeine, and atropine, has some valuable properties, useful in the treatment of morphine-poisoning, but as yet undetermined. "Proof" and "evidence" are not intended to be synonymous, the former being positive, the latter relative.—*Amer. Jour. Med. Science*.

THE TREATMENT OF LUMBAGO.—M. Albert Robin (*Bull. general de Therapeutique*) mentions the various local applications with friction which have been used from time immemorial, revulsives, counter-irritants, and wet-cups. Of the applications, massage of the joints, electricity, particularly for the secondary muscular atrophy, and methyl-chloride for the acute stage, are especially mentioned. For the internal treatment jaborandi is most strongly recommended. As contra-indications to its use should be cited disturbances in the cardiac rhythm, and it should be omitted if epistaxis or the quantity of urine does not reach the normal amount after diaphoresis. The method of preparation is as follows: Sixty grains of the leaves are macerated for twelve to twenty-four hours in two and one-half drachms of alcohol. Upon this mixture is poured one and one-half ounces of boiling water, which is infused for twenty-four minutes and then filtered. The filtrate is taken hot, as it is prepared, in the morning, fasting. During the perspiration the patient should avoid swallowing the saliva, which may give rise to nausea

or even to vomiting, and for the thirst he should drink only a small quantity of warm liquids, diluted coffee, in order to avoid the vomiting which follows the immoderate ingestion of cold liquids or the swallowing of a certain quantity of saliva. There are instances when a single dose of the remedy will cure the disease. In case it is necessary to repeat the treatment, it is well to have a day of in-

termission between the doses. The patient should be kept warm, confined to his room or even in bed. In case that this remedy is contraindicated, sodium glycono-phosphate, five to seven grains, hypodermatically can be substituted. In certain cases when the articulations are affected sodium salicylate may be of use, but it is not so valuable as is jaborandi.—*Amer. Jour. Med. Sciences.*

Therapeutic Hints.

CHLOROSIS.—

℞—Ferri sulphat., . . gr. xxiv;
Magnes. sulphate. . . 3 vi;
Acid. sulph. aromat. . . 3 i;
Tinct. zingib. . . . 3 ii;
Infus. gentian. comp. vel.
quassia. 3 viii.

M.—Sig. one sixth part twice a day, about 11 and 6 o'clock.

Occasionally this acid mixture produces sickness, dries the skin, and is otherwise ill-borne. Then use

℞—Ferri sulph. . . . gr. xxiv;
Sodii bicarb. 3 ii;
Sodii sulph. 3 vi;
Tinct. zingib. 3 vi;
Spts. chloroformi, . . . 3 i;
Inf. quassia, 3 viii.

M.—Sig.—one-sixth part twice daily, at 11 and 6 o'clock. DR. HENRY.

SPRAINS.

Dr. von Dönhoff believes those sprains that can be treated by massage must be very slight. As soon as a limb is injured nature attempts to put it at rest by stiffening the mus-

cles. He believes in following this suggestion and tries to secure for the part absolute rest. He begins passive motion about the third day.

OPHTHALMIA NEONATORUM.

℞—Hydrastis sulphatis,
Acidi borici,
Sodii biboratis, . . . a.a. gr v;
Tr. opii deod. 3 ss;
Aquæ dist., 3 i.

M.—Sig—To be used as a collyrium from the beginning. DR. SCOTT.

COD-LIVER OIL EMULSION.

Cod-liver oil, 500 parts;
Finely sifted sugar, 190 parts;
Gum arabic, pulv, 5 parts;
Gum tragacanth pulv, 5 parts;
Infusion of coffee, 200 parts;
Rum or Kirset, 100 parts.

Mix the sugar and gum in a mortar, and in the bottle which will contain the emulsion shake together the oil and cold infusion of coffee. Pour a sufficient amount of this liquid into the mortar to make a paste while

stirring, add to the part remaining in the bottle the rum, then gradually incorporate it in the emulsion. Makes a creamy emulsion.

CHRONIC DIARRHŒA AND DYSENTERY.

R—Cupri sulphat.,
Morphinæ sulphat., . . . 44 gr i;
Quininæ sulphat. . . gr xxiv;
M. ft, pil. no. xii. Sig—one pill three times a day.—*Med. Record.*

TO DESTROY THE ODOR OF IODOFORM.

It is claimed that oil of turpentine will remove the odor of iodoform. Wash the hands in warm water containing a little turpentine, then with soap and water.

LOCOMOTOR ATAXIA.

A new sign in tabes dorsalis is lack of pain when the ulnar nerve is compressed, though there is tingling of the fingers. Biernacki says this condition is present in 75 per cent. of cases.—*Med. Age.*

CHRONIC RHEUMATISM.

R—Sodii salicylatis, . . . 3 iv;
Potassii iodidi, . . . 3 i;
Methylis salicylatis, . . 3 i;
Ext. Cimicifugæ fluidi, . 3 ii;
Alcoholis, 3 iv;
Aquæ anisi, . . . q.s. ad 3 iii.
M.—Sig. Shake well and take a teaspoonful in water three times a day.—*Coll. and Clin. Record.*

Miscellaneous Items.

Under this head space will be given (free of cost) to those paid-up subscribers who desire to change their location, or to dispose of practice or property. One insertion will be allowed, but inquiries must not be ordered addressed to this office.

Any news connected with professional men and matters in North and South Carolina will be appreciated by the Editor.

OFFICIAL LIST OF CHANGES IN THE PUBLIC SERVICE.

MARINE HOSPITAL SERVICE.

For the sixteen days ending December 31, 1896.

Carter, H. R., surgeon, granted leave of absence for fifteen days, December 30, 1895.

Williams, L. L., passed assistant surgeon, granted leave of absence for fifteen days, December 30, 1895.

McIntosh, W. P., passed assistant surgeon, to proceed from Boston, Mass., to Louisville, Ky., and assume command of service December 28, 1895.

Brown, B. W., passed assistant

surgeon, granted leave of absence for nine days, December 17, 1895.

Prochozki, Emil., assistant surgeon, to proceed from Buffalo, N.Y., to Detroit, Mich., for duty December 28, 1895.

Thomas, A. R., assistant surgeon, to proceed from St. Louis, Mo., to Boston, Mass., for duty December 28, 1895.

Cumming, H. S., assistant surgeon, granted leave of absence for sixteen days December 16, 1895. Leave of absence extended four days December 26, 1895.

Board to revise regulations regarding uniforms. Surgeon Fairfax Irwin, (chairman) Passed Assistant

Surgeon C. E. Banks and Passed Assistant Surgeon B. W. Brown, (recorder) December 17, 1895.

Board for the examination of officers for promotion and candidates for admission to the Service, to meet in Washington, D. C., February 10, 1896. Surgeon George Pumance, (chairman) Surgeon H. W. Austin and Surgeon H. R. Carter (recorder) December 30, 1895.

THE ARMY.

From December 26, 1895, to January 8, 1896.

The appointment of James Spriggs Wilson to be assistant surgeon with the rank of First Lieutenant to rank from December 16, 1895, is announced. He will report in person without delay to the president of the Army Medical School for instruction.

Leave of absence for six months on account of disability is granted Major Clarence Ewen, surgeon.

The leave of absence on surgeon's certificate of disability granted Major James C. Worthington, surgeon, is extended six months on account of sickness.

THE NAVY.

January 3.—Assistant Surgeons M. S. Guest and C. P. Bagg, ordered to examination for promotion.

NECROLOGY.

SOME RECENT DEATHS AMONG PHYSICIANS.

Dr. J. M. McCorkle, Newton, N. C., in December. He was a member of the medical society of the State of North Carolina, having joined in 1891.

Dr. Jas. E. Reeves, at Chattanooga, Tenn., January 4th, aged 67.

Dr. Charles L. Meyer, aged 69, at Charleston, S. C., Dec. 31.

Dr. I. N. Hollingsworth, at Chapel Hill, Miss., Dec. 25.

Dr. Charles Fauvel, at Paris, France, Dec. 17. He was a well-known laryngologist.

Dr. J. M. Taylor, aged 70, at Corinth, Miss., Dec. 28. He was twice president of the Mississippi State Medical Association, and also a member of the State Board of Health.

Dr. Thos. S. Powell, aged 70, at Atlanta, Ga., Dec. 30. He was a native of Virginia. He founded the Southern Medical College of Atlanta. Dr. Lucian A. Hanks at Pittsboro, N. C., January 15th.

THE TRI-STATE MEDICAL SOCIETY BECOMES BI-STATE.—We never knew exactly why the larger medical organizations of the West were so constantly bred in triplets, but this has been the popular method of combined State organization, and there are now more tri-State medical societies than we can keep in mind. One of them has, however, temporarily come to grief, the Tri-State Medical Society of Missouri, Illinois, and Iowa. At its meeting on October 1st, 2d, and 3d, at Des Moines, there were delegations from Missouri and Illinois, but Iowa itself was not represented. The trouble, as explained by *The Iowa Medical Journal*, is that the Tri-State Society has an official organ which has published statements derogatory to the medical profession of Iowa, and of Polk County in particular, where the Tri-State Society held its last meeting. The result was that the Polk County doctors did not join in the gathering, and the tri-State society was really a bi-State society. Arrangements are

being made, however, to have all the difficulty readjusted.—*The New York Medical Record*.

A CONDENSED CODE DATING FROM THE 14TH CENTURY.—Guy de Chauliac, French surgeon, author and teacher, was the chaplain and physician-in-chief for Urban V and two other popes of Avignon. He was educated at the universities of Bologna and Montpellier and a long while practitioner at Lyons. He was born about the year 1300. He inculcated the following embryo code of ethics:

"Bold when sure. Cautious in danger. Kind to the weak and sick. Friendly with fellow-workers. Constant in duty. Not greedy of gain."
—*Jour. Am. Med. Asso.*

THE CITIES OF NEW YORK AND BERLIN issue cards to physicians for the purpose of enabling them to pass unhindered through a cordon of police or other obstruction to the general circulation. This example has been followed by the city of Paris, the chief of police having made arrangements for issuing similar cards of identification to the medical men of the capital.—*Medical Record*.

THE TREATMENT OF SWELLED TESTICLE.—In the third volume of Dennis and Billings's new *system of surgery* Dr. J. William White and Dr. William H. Furness, 3d, the authors of the section on the Surgery of the Genito-urinary System, remark that a patient in whom epididymitis is developing should be put to bed at once, with the scrotum elevated on a pad

of cotton. Free movements of the bowels should be kept up and the diet restricted to the very lightest food. If there is any fever, it is well to give a drop of tincture of aconite and five grains of potassium bromide every two or three hours. The affected testicle should be wrapped in lint and kept constantly moistened either with lead-water and laudanum or with the following lotion:

Tincture of aconite,
Tincture of opium, each . 1 fl. oz. ;
Diluted lead water,
Water, each 2 fl. oz.

Cold compresses (not iced) are often very soothing, but rest is the chief curative measure during the acute stage.—*New York Med. Jour.*

Dr. George Dock, at present Professor of Practice of Medicine and Pathology in the University of Michigan, Ann Arbor, has been elected Professor of Pathology and Bacteriology in the Jefferson Medical College.

The city of Raleigh has made new arrangements for furnishing the poor with medicine and medical attention. Drs. J. W. McGee, Jr., and G. A. Renn have been elected "city physicians" and for the sum of \$800 a year are to furnish those who are unable to employ a physician with medical attendance and medicine. They will use tablet triturates chiefly, which has aroused the ire of the local druggists.

Dr. A. C. Bernays, of St. Louis, has been sued for reporting an operation, which report was illustrated by a picture of the patient.

The general manager of the Duluth, Minn., Gas and Water Co., has been indicted for causing an epidemic of typhoid fever.

Medical sentimentality—Young doctor (on his honeymoon)—“Just observe, wifey dear, the curious tints of the sky. That cloud poised on the mountain crest over yonder is exactly the color of a diseased liver.”—*Ex.*

A tabulation of 10,000 prescriptions written in Chicago and the interior of Illinois gives the number of times the various articles were used. We note a few: Quinine sulphate, 800; bismuth subnitrate, 465; opii camph. deod., 464; morphine sulphate, 400; sodium bicarbonate, 355; calomel, 350; syrup tolu, 345; ammonium chloride, 325. Proprietary preparations were used 2,613 times.

The New York State Medical Reporter will hereafter be edited by Dr. Charles Wilson Ingraham, Dr. H. Branson Gee having resigned.

The Queen of Portugal has recently passed her examinations qualifying her for the practice of medicine. It is the first instance on record of a lady of rank winning for herself by means of diligent study the diploma of a doctor of medicine.

Dr. A. J. Crowell is taking a post-graduate course at Johns Hopkins Hospital.

Public Health Reports is the name by which the abstracts of Sanitary Reports, issued weekly by the Marine

Hospital service, will be known in future.

The medical faculty of Harvard have adopted a resolution requiring matriculates after 1900 to possess a literary degree. This places Harvard on a par with Johns Hopkins University.

The American Medico-Surgical Bulletin has been transformed into a weekly. It is a good one, too.

Dr. Jameson is creating quite a stir in the lower end of the dark continent. From the present news it would seem the doctor would have shown greater wisdom had he stuck to his pill-rolling. He is said to be worth ten million dollars.

Dr. Fleet J. Cooper, a member of the State Medical Society is under bond for appearance at court for trial on the very serious charge of conspiracy in the theft of \$950. The Mayor of the town and the express agent (the latter being the informer) are also implicated. We trust the trial may have the result of absolutely vindicating the doctor's character, and that it may be clearly shown that he is entirely innocent.

A wonderful discovery is reported by a scientist of Vienna. He has discovered a light, so the newspaper reports announce, which will penetrate wood or flesh, and photographs can be taken of objects in the interior of a box or the animal body. He proposes to photograph bullets which have gone astray in the body, and

even to photograph the skeleton of a patient to diagnose fractures and dislocations and other abnormalities. Now there is no reason for the cynic to complain that Providence would have been wiser to have made man with a glass window in his chest.

AN ANTIDOTE TO CURARE.—The well-known traveller, Henry Walter Bates says that the natives on the Amazon capture the coaita, a species of thieving monkey, by shooting them with arrows poisoned with curare, and that the monkeys are then restored by putting *salt* into their mouths.

The New York County Medical Society by a very large vote, something over two hundred to less than thirty, at the annual meeting in November, decided to defend Dr. Frank Van Fleet, in the suit which had been brought against him for libel by a certain optician. Dr. Van Fleet's supporters claimed that he was simply exercising that freedom of speech which belongs to any member of a society in an executive meeting, and that his remarks were entirely parliamentary and constituted a privileged question. The Society evidently took his view of the case. The New York medical law certainly intends to prevent illegal practice. It expressly excludes men who make artificial eyes and artificial limbs from its provisions, but we believe that the optician who ventures to prescribe for headache or for epilepsy by the use of glasses, for which he receives a fee, is as much liable to prosecution for practicing medicine without a li-

cense, as if he undertook to do the same thing with drugs.—*Post-Graduate*.

POOR BABY.—A Canadian newspaper calls attention to a nursing-bottle advertisement, which concludes with the words: "When the baby is done drinking it must be unscrewed and laid in a cool place under a tap. If the baby does not thrive on fresh milk, it should be boiled."—*Medical Record*.

THE COST OF A MEDICAL EDUCATION IN LONDON.—According to the *British Medical Journal*, the minimum cost of a medical education in London will vary between about \$3,700 and \$3,000 for the five years' course, according as a more expensive or less expensive school is selected, vacation expenses not being included in the estimate. This would make the annual expense vary from about \$800 to \$600 a year without vacation expenses.

THE SECRET OF MEDICAL SUCCESS.—In the December number of *The Practitioner* is a review of Sir Henry Halford, who was a famous court physician sixty years ago. It is said Sir Henry was "essentially a clinician according to the lights of his day. The theory of some of his contemporaries, that he worked himself into practice by Sir Pertinax MacSycophant's policy of 'booing' to the great, has, it may be supposed, an element of truth, but it is not the whole truth. The mainspring of his success was that he acted upon the principle laid down by himself—that the cure of

disease is the physician's object, and he must not allow anything to divert his eye from that great mark."

That the cure of disease *is* the true business of the physician is manifest, yet the fact seems to be in some danger of being forgotten in these days when the laboratory is all powerful, and bacteriology the acme of all knowledge.—*Medical Age*.

The Japanese Army is accompanied by 1350 medical attendants, of whom 380 are surgeons. The largest of the military hospitals is at Hiroshima. The staff consists of 56 surgeons and 501 nurses, as well as 173 surgeons and nurses from the Red Cross Society, in which many of the Japanese nobility serve. The society has 138 practitioners and nurses in the field. Dr. Kitasato, who received his medical education in Germany, deserves much of the credit for the advanced condition of surgery, medicine and sanitary science in Japan.—*Times and Register*.

A gentleman in New Jersey had his appendix removed and found it to contain a large pearl, for which he was offered two hundred dollars. This announcement may still further stimulate the somewhat mad rush for appendices.

"Never yet hath anyone attained
To such perfection but that time and place
And use have brought addition to his
knowledge
Or made correction, or admonished him
That he was ignorant of much which he
Had thought he knew; or led him to reject
What he had once esteemed of highest
price."

Will our readers kindly mention the North Carolina Medical Journal when they write to our advertisers?

THE TWO GERMS.

A FABLE.

In the femoral artery one Summer's day,

A couple of germs chanced to meet,
They bowed to each other and went
the same way,

Carried on by the blood to the feet;
Said one, "I regret that I have not a
card,

For my name to remember is aw-
fully hard,
I am called 'Protozoa Amœba' by
some,
But by others 'Malaria Plasmodium.'"

The other replied with politeness and
grace,

"I'm exceedingly glad we have met,
The superproduction of this human
race

We prevent; they can't cope with
us yet;

My ultimate object I must never miss
I am the 'bacillus tuberculosis,'
Let us journey together and see if we
can

Get the best of this son of a gun of a
man."

They passed from the arteries into
the veins,

Together they passed through the
heart

They racked the poor patient with in-
finite pains,

But too well did each germ play
his part;

One lodged in the liver and one in
the lung,

The symptoms were coughing and
coat-on-the-tongue,

The treatment was quinine and cod-
liver oil,

The result was interred in just six
feet of soil.

MORAL:

There's a moral in this that is perfectly plain,

You've heard it before I am sure,
An ounce of prevention, I'll tell it again,

Is better than ten pounds of cure.
From this the deduction can plainly be seen:

Medicine is not in it with modern Hygiene,
And all will agree after careful reflection

The very best treatment is good disinfection.

—PHIZZY KUSS.

National Board of Health Magazine.

KISSING THE BIBLE.—The dangerous custom of kissing the Bible in the police and other Courts of justice has often been protested against in scientific journals. The practice, however, still continues unchecked, except by a few persons who have the hardihood to affirm instead of taking the oath. From a scientific point of view it is hardly possible to estimate correctly the danger arising from the transmission of germs of all kinds from mouth to mouth upon the covers of filthy binding. The greatest risk, of course, is from syphilis, and there can be no doubt that it has often been communicated in this way. The public journals have of late years made the discoveries of bacteriologists a pet subject for startling paragraphs. They have found horrid germ dangers bristling in banknotes, pouring from penny trumpets, buried in bread, and lurking here, there and everywhere, greedy for human life. Yet they appear for the most part to have overlooked the terrible bacteria-laden Testament, that on every work-

ing day throughout the year is put into circulation in the Law Courts of this so-called scientific country. Yet if a witness have the courage to protest and refuse to take an oath administered under such conditions he is apt to incur the ill-will of the Court. At this period of the world's history it is needless to point out that the mere fact of having pressed a sacred volume to his lips never yet hindered a man, if he had previously made up his mind to give a false evidence.—*Medical Press.*

DIPHTHERIA ANTITOXIN AS A CULTURE MEDIUM FOR THE DIPHTHERIA BACILLUS.—It is suggested that the heat required to coagulate the antitoxin destroys its bactericidal properties, but if that is so diphtheria bacilli ought to die when floating on fresh antitoxin and kept at a body temperature. On the contrary, I am afraid that the microbes would not only survive the treatment, but thrive upon it.

It has been held that we must look to Metschnikoff's theory for the true success of the action of antitoxin; that this product when introduced into the body stimulates "the living phagocytic cells." Now if this explains the remedial process, antitoxin must act either as a general stimulant or as a special stimulant. If it acts as a general stimulant to the phagocytes through the economy, I cannot see in what way diphtheria antitoxin differs in its action from half a score of other remedies, such as quinine or iron, which have at various times been credited with similar qualities. If, on the other hand, it is a special stimulant, and prompts these little bodies to devour Klebs-Loeffler bacilli and their toxins, many will consider that we are asked to mentally assimilate not only Metschnikoff's theory, but "*rudis indigestaque moles*" besides.—W. AINSIE HOLLIS, in *British Medical Journal*.

Reading Notices.

LACTOPHENIN.—Lactophenin is a certain, reliable, and (in the overwhelming majority of cases) not unpleasant febrifuge. Compared with the fever remedies hitherto in vogue, Lactophenin possesses an advantage in that no injurious and assuredly no dangerous collateral effects have been shown to follow its use. As an anti-neuralgic and sedative, judging by experience in the clinic, Lactophenin is at least deserving of a place by the side of similar remedies hitherto used. Its superiority lies in the above-mentioned freedom from obnoxious collateral effects.

With special reference to its application in typhus, it deserves preference to the other medicaments hitherto used, for the reason that it has thus far proved harmless, and, furthermore seems to exert a certain specific influence on the nervous system.—**LIEBREICH**, in *Therapeutische Monatshefte*.

SEXUAL NEURÆSTHENIA.—In the course of an able paper, which appears in the November issue of the *Medical Sentinel*, Dr. David H. Rand, of Portland, Oregon, late secretary of the Genito-Urinary Section of the American Medical Association, etc., says:

"In many of these sexual troubles, particularly where there is a nervous phase, the strictest attention must be given to the general condition of the patient. The bowels must be kept open and toned up, and good nutritious food administered. Some one of the artificial foods may be used with advantage, and I am especially well pleased with the new product, Paskola. It has given me great satisfaction where used in many cases."

We earnestly recommend that physicians who have not tried this article take advantage of the manufacturers'

liberal offer which appears elsewhere in our pages.

PROFESSIONAL OPINIONS OF INGLUVIN.—*Edward Warren (Bey) M.D., C.M.*:—"Hereafter I shall prescribe 'Ingluvin' liberally and with great confidence in its therapeutic value."

Chas. Low, M. R. C. S. E. etc.:—"Medical men will never regret using 'Ingluvin'."

Edward Cotten, D. N., C. P. P. London:—" 'Ingluvin' is particularly efficacious in vomiting produced by pregnancy."

Waldo Briggs, M.D.:—"I have used 'Ingluvin' extensively and find it far superior to any remedies for Vomiting of Pregnancy, Dyspepsia and Indigestion."

SANMETTO.—I have been using Sanmetto for several years, and find it invaluable in nearly all kidney and bladder troubles, especially those accompanied by irritation or inflammation of the mucous membranes, as well as in sexual decay and pre-senility. **WM. F. MITCHELL, M.D.**

Addison, Pa.

PINE FIBRE—WHAT IS IT?—We call the attention of our readers to a new advertisement in this issue, which tells partly what it is. It is made from the leaves of the long leaf pine of North Carolina and is a brown, soft, springy and aromatic material, which is a most satisfactory and healthful packing for mattresses and pillows. It will also make an excellent outer dressing for amputations and other large wounds. It possesses the aroma and antiseptic qualities of the pine, with the advantages of which all physicians are familiar. Write to Mr. A. F. Scott, at Cronly, N. C., for farther particulars.

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Original Communications.

REMARKS UPON THE CLIMATE OF BREVARD, TRANSYLVANIA COUNTY, NORTH CAROLINA AS AN IDEAL HEALTH RESORT.

BY CHARLES W. HUNT, M.D., Brevard, N. C.

From a personal experience of more than twelve years in this section, appropriately called "The Land of the Sky," "The Switzerland of the South," and from a careful study during that time of this climate, I unhesitatingly state, without fear of successful contradiction, that it is pre-eminently bracing, invigorating and healthful, and superior as a health resort to any other section of Western North Carolina, which mountainous region in general is noted as offering superior climatic advantages to any other portion of the United States.

Bevard is situated upon a mountain spur stretching across the upper valley of the French Broad river at an altitude of 2250 feet above sea level and 128.07 feet above, and one mile from the river and two and a half miles from the confluence of the French Broad and Davidson rivers; and in the center of the beautiful upper valley of the French Broad, which valley has an average width of four miles, giving an extensive area of open level country, insuring a free circulation of pure mountain air over miles of bright sunshiny meadows, free from the shadows of the near mountain peaks that vary in altitude from 3,000 to 5,000 feet.

The valley extends from the head waters of the French Broad, ten miles above Brevard to Asheville. The length of the river from the upper extremity of the valley to Asheville, is about seventy miles, with a rapid and continuous fall.

The soil is composed of a rich and porous clay loam with a sub-strata of gravel, drying rapidly after a heavy rainfall at night, sufficient to swell our tumultuous mountain streams. The succeeding day the pedestrian can walk the streets of Brevard dry shod.



Looking Glass Falls is situated nine miles northwest of Brevard. Height 80 feet.

The water supply is unsurpassed in quantity and quality, pure and cool mountain springs and streams being abundant.

The drainage of Brevard is perfect, and nature has so provided that the water supply can never be contaminated.

The peculiar topographical features of this section are worthy of special note and remembrance. The Blue Ridge and Appalachian mountains join in their rugged and sublime grandeur, surrounding Brevard and the valley and thus warding off the *harsh winter winds*, met with in other mountain towns, thereby rendering this the *mildest and most salubrious winter climate* to be found in the mountains, proving an inestimable boon to that large class of sufferers from lung and throat affections, who invariably experience great discomfort from an excessive air movement. This being an acknowledged fact, well-known to the profession, it will be readily seen that the extreme southern location, combined with the sheltering and protecting circle of mountains, renders this the best mountain winter resort, for all of those predisposed to, or suffering from, bronchitis, pulmonary congestion, pulmonary consumption, etc.

Owing to the great altitude of this valley and to the many miles of forest and to the innumerable cool mountain streams, this section is acknowledged to be by all who visit it the *coolest summer resort* to be found in the mountains of Western North Carolina. The above mentioned natural advantages render this, therefore, the most salubrious and best "all the year round" climate in the far famed healthful and beautiful "land of the sky."

Temperature. The mean temperature from May to October is 65° with an average maximum of 75° . October to May 49° with an average maximum of 60° . With a few exceptions the temperature rises during the winter to 50° and in sheltered places reaches 70° and 80° . The lowest temperature in winter is not sustained for more than an hour during any day.

My personal experience is, that owing to the dry air and bracing climate increasing the powers of resistance, the cold of winter does not affect the bodily comfort, as in points farther South, for instance, as in the climate of Greenville, S. C., forty-five miles farther South, the mercury standing at the same point or even at a lower degree in Brevard.



Conestee Falls.—Six miles South of Brevard. Height 110 feet.

According to statistics the absolute moisture compares favorably with the dry climate of Aiken, S. C. The relative moisture for the year being 69 per cent. The average rainfall in Brevard for the year is forty inches.

The air is rich in ozone 50° to 75° on the basis of 100° as maximum amount possible.

The large per cent. of bright, exhilarating, sunshiny days with an atmosphere rich in ozone, free from all impurities and laden with the balsamic exhalations from the great amount of pine and Balsam of Fir (*Abies balsamæ*)—clothing our mountain sides, a special soothing and healthful element, for



Maiden Hair Falls—four miles South of Brevard. Height 110 feet.

the irritated and the diseased mucous membrane of the respiratory passages, and for the diseased pulmonary tissues. This climate offers an ideal winter resort, for all Northern invalids and the cool summer, with our cool and refreshing mountain breezes, enable them to spend the entire summer, at the same time rendering this the coolest summer resort for all Southern invalids. Those desiring mineral waters, will find our numerous, clear, cool and sparkling chalybeate springs delightful and health-restoring. A large per cent. of sulphur in some of these springs, will recommend them to the physician.

This county is free from all stagnant waters, marshes and those elements producing epidemics of contagious diseases, found in unhealthy localities. In a practice here of twelve years, I have met with only three cases of genuine typhoid fever, and these cases did not originate in this county*. Even the

*See "Remarks upon the Differential Diagnosis Between Typhoid Fever and Gastric Fever" signed "Transylvania"—written by author in "Mercks Bulletin," April '93, page 273.

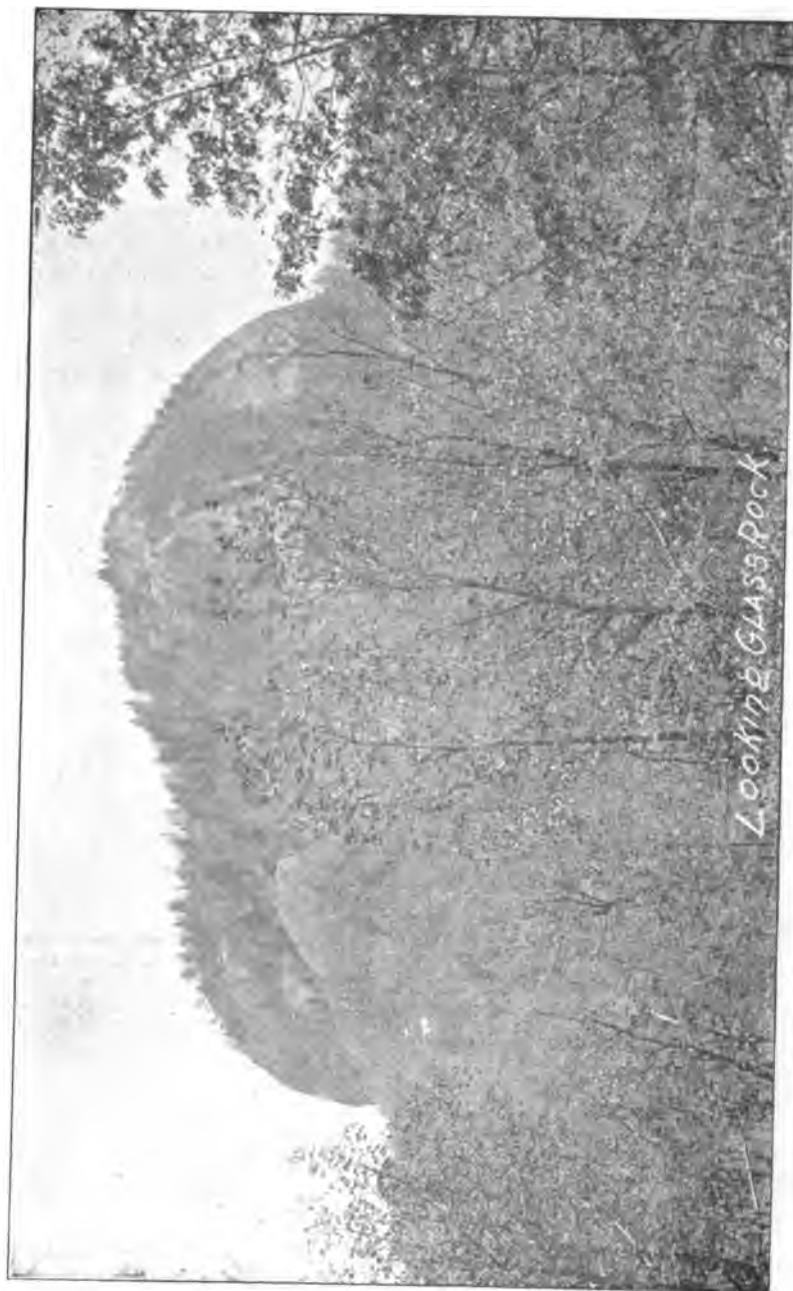
past and universal epidemics of la grippe were less prevalent, and less severe—that is I have never met with a fatal case in this climate, either in the young or aged, during these epidemics, neither have I noticed any permanent injury to throat or lungs, following this disease.

The climate influences are so *stimulating, bracing and healthful* that this climate is pre-eminently and especially suited for the relief and cure of all chronic conditions, in which any climate can have the least effect. Sufferers from diseases of the nervous system, for instance, those suffering from insomnia, find that here the irritated and exhausted nervous system and over wrought brain, can enjoy to the fullest extent a double portion of "nature's sweet restorer, balmy sleep" and thereby find complete restoration to health from all forms of nervous debility and nervous prostration without recourse to the use of anodynes, with an improvement of the nervous and muscular tone. Dyspepsia can no longer haunt and persecute its victim; all forms of throat and lung troubles, and, in short, all patients suffering from a lowered condition of the vital powers, those broken down by over work, business cares and anxieties, and chronic diseases, and those in a state of convalescence following all exhausting diseases, such as fevers and malarial affections, and the various diseases caused by congestion of the *pelvic* and other internal organs will find help from this pure and bracing atmosphere.



Scene on Davidson River. Mill dam (showing water power,) view of river, distant mountains, and road leading up the river to Looking Glass Falls.

From the curative effects of this climate I have observed wonderful results for good, by increasing the constitutional strength of young people subject



LOOKING GLASS ROCK.
For description see next page.

by the inheritance of a strumous diathesis, to the development of pulmonary disease, the powers of *recuperation* and *resistance* being increased, to the extent of holding the inherited tendencies, predisposition, or liabilities to disease, in abeyance and perfect health being established; in other words, the system enabled to "out grow" the inherited tendency. In other cases this desirable result of restored health has been attained after pronounced and serious disease had been developed. Referring to a few individual cases, I call to mind patients from the mountains of Virginia, affected with severe cough, frequent hemorrhage and greatly emaciated, who were cured of the cough, freed from hemorrhage to finally regain their usual weight and health: Others from Charleston, S. C., with far advanced pulmonary symptoms to be relieved and finally cured in this mild, salubrious and stimulating climate, after trying with little benefit, other sections for repeated seasons. The same superior results have been noticed in patients from the Northern States, and all have noticed with pleasure and profit the *absence* of the *harsh winds*, met with in less sheltered mountain health resorts.

With our more recent and positive knowledge of the germs and the *communicability* of tuberculosis, it is now an established fact that the bacillus tuberculosis, is the specific agent in the production of this disease, only needing the proper culture soil, which is found in those of a strumous diathesis. It will therefore readily be seen that this heretofore almost (for want, till now, of railroad facilities) unknown health resort, has not the very great and serious disadvantage from long over crowding of tuberculous patients found in many health resorts, with air, water, buildings and soil filled with the germs of tuberculosis and of typhoid fever, which is a constant menace

Looking Glass Rock—(recently purchased by Mr. George W. Vanderbilt) nine miles north of Brevard, is one of the curiosities of nature, height above sea level, 5,000 feet. This mountain consists of one solid granite rock four miles in circumference. The smooth perpendicular face of the rock (whence its name Looking Glass) is 500 to 1,200 feet high—average height 1,000 feet. The gorge below is one-third deeper than that of Cæsars Head.

This grand mountain standing, alone and sentinelled like, between the lines of the Blue Ridge on the east and south and the host of mountain peaks, in the Appalachian range on the northwest, and overlooking the beautiful valley of the French Broad, furnishes one of the many views, of the kind, found in this favored section.

Here the rounded mountain peaks, like the waves of a tumultuous sea, seem to be rolling upon each other in endless succession. The endless forest stretches as far as the eye can reach, in winter, leafless, in spring, glorious with blossoms of every hue, in summer clad with the garniture of verdant foliage and in autumn all radiant with the varied hues of ripening and decaying nature. Every lover of nature, who has had the pleasure of standing here can feel that

"For him there was an eloquent voice in all
The Sylvan pomp of woods, the golden sun,
The flowers, the leaves, the river on its way,
Blue skies, and silver clouds, and gentle winds,
The swelling upland, when the sidelong sun,
Aslant the wooded slope, at evening, goes;
Groves through whose broken roof the sky looks in
Mountain and shattered cliff and sunny vale,
The distant river, fountains and mighty trees,
In many a lazy syllable, repeating,
Their old poetic legends to the wind."

to the healthy and sick. It will also be seen that this section offers superior and important advantages in the milk supply, the cattle being allowed to roam at will over large areas of country, with air and water free from disease and having plenty of healthful and nourishing food, must needs furnish more healthful milk than that obtained in more crowded towns and cities.

Brevard is in latitude $35^{\circ} 36'$ N. Longitude $82^{\circ} 26'$ W. I consider the altitude of Brevard as constituting the best elevation, that is within the limits of the most advantageous elevation for the average patient, a medium high elevation of 2,250 feet. As mentioned, higher elevations in near vicinity can be obtained easily, 3,000 to 7,000 feet, though I would not advise the latter in preference to that of Brevard, except in only rare and exceptional cases, as nothing would be gained by an extreme and excessive elevation and much lost, from the effects of the too highly rarified air containing a diminished amount of oxygen, causing excitement of the nervous system, injurious and over rapid action of respiratory and circulatory system, as evidenced by excessive shortness of breath and palpitation of the heart.

Owing to our great diurnal change in temperature our warmest days in summer are followed at their close by heavy dews, this furnishes an evaporation of water in its most pure state caused by the accumulated warmth of the day which is rapidly expended at night fall, when this evaporation is condensed by the cool mountain air, into mountain mist, which after bathing hill and dale takes on more solid shapes and is joined into embryo clouds, which are borne by the various currents of the cool mountain breeze in fantastic shapes, through our mountain gorges and fastnesses and over our mountain peaks.

“The evening mists, with ceaseless change,
Now clothed the mountains' lofty range,
Now left their foreheads bare,
And round the skirts their mantle furled,
Or on the sable waters curl'd
Or on the eddy breezes whirl'd,
Dispersed in middle air,
And oft, condensed, at once they lower,
When, brief and fierce, the mountain shower.”

The formation of this mountain mist aids in giving dryness to our atmosphere, by the condensation of its moisture, in a country blessed with the proper and healthful degree of humidity and amount of precipitation, forming this refreshing mist of the mountains, which bathes during the seasons of our warmest days—during the early hours of dawn the entire face of nature, in its refreshing spray, refreshing all vegetable and animal life, removing all irritants such as dust from the air, and all impurities were they present—and all opacities, insuring a clear, pure and soft atmosphere. My opinion as to the peculiar, refreshing nature and healthfulness of this mountain

mist, is not based upon speculation and theory, but has been proven and confirmed, by years of experience and observation.

Here with a good average humidity and at times a free precipitation, and with an atmosphere of great comparative dryness, supplemented by condensation of evaporation, during the season mentioned, one can find an atmosphere as dry as is consistent with health and far superior to the so-called dry and healthy air of Colorado—but more properly termed the parched dry and irritating air of Colorado—the product of an arid region. I am happy to say that this climate is not like that of Colorado—with its cold chilling winds which blow from the Colorado mountains of perpetual ice and snow—on the contrary, the climate of Brevard is one possessing a golden mean, free from all extremes of cold and heat, excessive moisture, excessive winds, harsh dry parching and irritating air—and consequently giving all of the elements of health that a climate can bestow.

A few words as to proper clothing to be worn by visitors in different seasons and in different hours of the day and night—this climate and section can be appropriately termed “The Sunny South” in the “Land of the Sky” on account of the latitude, altitude and the equable climate mentioned, giving in winter and summer a large per cent. of bright, exhilarating, sunshiny days—though the terms “Sunny South” is a misnomer for this section as used to express a hot relaxing and enervating Southern climate. Physicians and invalids unacquainted with Western North Carolina, have very incorrect ideas as to proper clothing to be worn. The heavy clothing worn in the North is not needed in our winters here, though sufficiently warm clothing should be brought; and for summer wear it should not be forgotten that after the warmth of the day has passed, the air soon becomes delightfully cool and heavier clothing should be worn after night fall in summer. I have even directed patients coming from the South to put on light flannels, when coming here to spend the summer.

The necessary incentive to out door life is furnished here by the delightful weather, the many beautiful valley and mountain side drives, mountain views, water falls giving a scenery surpassing that of all other sections of the far famed “Land of the Sky.”

Here the varied, beautiful and indescribable scenery of river, valley, mountain peaks and cascades and miles of native forest, lend every charm of nature to woo the invalid back to health and would seem to say—

“If thou art worn and hard beset”
With sorrows that thou wouldst forget
If thou wouldst read a lesson that will keep
Thy heart from fainting and thy soul from sleep
Go to the woods and hills! No tears
Dim the sweet look that nature wears.

At present our hotels and boarding houses are such as are found in other small towns—though hotels with all of the modern improvements and conveniences are under contemplation.

ABDOMINAL PREGNANCY.*

By CORNELIUS KOLLOCK, M.D., Cheraw, S. C.

The pathology of extra-uterine lactation had been described by many in a manner too elaborate to present a clear conception of the trouble, or to suggest a potent and reasonable remedy for the accident. A discussion of the origin of this extraordinary freak of nature, should include some consideration of its causes.

Observation and experience have revealed certain facts that are of value in this respect. An inaptitude for conception, long-continued sterility, malformation of the uterus and catarrh of the Fallopian tubes, are acknowledged to be potent causes of this distressing trouble. When the epithelium is destroyed in any portion of the tube, the large ovum will not pass, but while catarrh of the Fallogian tube is sufficiently destructive to prevent the passage of the large ovum the small spermatozoa, which seem to have an independent motion, may pass and cause fecundation. External adhesions, simple disturbance of the physiological functions of the tube, may be regarded as powerful influences in causing misplaced conception.

The classification of varieties of external foetation by early writers on the subject, is entirely too elaborate. Ten varieties have been given. The number has now been reduced. Perry limits them to three; tubal, ovarian and abdominal. The theory of Lawson Tait—now held and advocated by T. Gaillard Thomas and other distinguished embryologists, rather simplifies matters. It seems reasonable to assume that all extra-uterine efforts are at first tubal, that other varieties may be seen after the tubal sac has been ruptured and the ovum thrown out. A variety known as interstitial is simply tubal, for it takes place when the tube has entered the uterus. When the tube is ruptured at a point under its posterior surface where it is pressed by the broad ligament, the ovum may develop in the broad ligament and become extra-peritoneal. If the tube is ruptured on a part of its free surface, the ovum enters the abdominal cavity, and there the growth is developed sometimes to an enormous size, as was illustrated in the case I am about to report.

Ovarian pregnancy cannot be set aside with a word only. We may readily admit that the ovum does not always escape from the rupture of a follicle, and that spermatozoa sometimes do enter a follicle and fecundate it. Laying aside many of the cases mentioned by older writers, we must recognize and consider those so carefully and cautiously reported by Porter, Kammerer, Spiegelberg, Lusk, Wyeth and other competent authorities of modern date. We must admit the evidence furnished of the possibility of such a variety of extra-uterine foetation; but many of the cases of supposed ovarian

*Read before the Southern Surgical and Gynæcological Association at Washington, D. C.

pregnancy are instanced in which the ovum had grown among the fimbriæ and become attached to the ovary.

On the 18th October 1894, I saw for the first time the patient, a dark mulatto, 34 years of age, the mother of three children; general health had been good until within the last fifteen months.

She was enormously distended, and measured at the umbilicus sixty-three inches. Fluctuation was evident, and wave tap very distinct. Doubt was expressed by some present as to the diagnosis of the growth; while some favored the idea of its being uterine, with others there was a question as to the position of the tumor. The patient, however, affirmed most positively that she was pregnant, and had gone four months beyond the actual period of gestation. A thorough examination confirmed the suspicions of all that the case was one of unusual complication.

Laparotomy was decided upon, and an incision of four inches was made below the umbilicus. The walls were so thin that the instrument penetrated the cavity before it was certain that the abdominal muscles were divided, when there was a sudden and copious discharge of as offensive matter as I have ever known to come from the body of a living creature. When the fluid had passed out, an immense fibroid was removed from the anterior portion of the sac. The cavity also contained a fœtus weighing ten pounds. This was greatly macerated, having been dead so long and floating in a large quantity of offensive purulent matter. So firmly was the fœtus packed in the cavity that, in removing it, a part of the scalp was torn off, and with it a large bunch of the black hair. After removing the fœtus, the placenta was with difficulty detached. It was as large as a hat, and resembled it in shape. It lay well in the right hypochondrium, in contact with the sternum with which it formed strong adhesions. It had a free vascular supply as many large vessels could be seen, after its removal, spanning the cavity from which it was taken. The hemorrhage was frightful from the rupture of many of these large vessels, and could only be controlled by packing the cavity with six yards of iodoform gauze and three yards of towelling. The heart and pulse were sustained by hot saline injections in the right hip and frequent injections of strychnine and brandy. Hot applications were also made to the extremities. Under this treatment, the patient soon rallied and developed a fair pulse. The packing was allowed to remain till the next day; afterwards a large fold of iodoform gauze was introduced daily to facilitate drainage, and this was covered with a snugly fitting bandage. More than a month passed; she seemed to be doing well and could walk about the room when imprudence in eating brought on an attack of acute indigestion followed by complete stricture of the bowels and stercoraceous vomiting; after some days, death ensued.

The large mass constituting the placenta had undergone fibroid degeneration with only a small part of the placental tissue remaining. Farther fatal

degeneration had begun to take place in the fibroid tissue. An interesting question comes up here. Considering the weak condition of the patient, would it have been better to leave this large placental mass for subsequent absorption or removal? Taking it away, subjected the woman to almost fatal hemorrhage.

At the post-mortem, the uterus and ovaries were found to be of normal size, and to present no pathological lesions. The pregnancy was a tubal one, occurring in the left fallopian tube, near its fimbriated extremity, and involving a portion of the broad ligament. When the two peritoneal folds of the ligament were brought together, the sac cavity between them would not have enclosed a tumor larger than an ordinary orange. The foetal sac was developed between the abdominal wall and the omentum—the latter forming the floor. The foetus lay diagonally across the abdomen; the feet in the left lower pelvic cavity, and the head under the right ribs. The omentum protected the abdominal viscera from being matted together by the adhesions, although the floor of the sac contained a large amount of foetal hair firmly imbedded in its tissue. One small band of adhesion stretched across a loop of small intestine, caused the fatal obstruction of the bowel.

The patient, after the suffering she had undergone from the retention of a large foetus four months beyond the period of gestation, the severe operation to which she submitted and the almost fatal hemorrhage that followed—was well on the way to recovery, lived comfortably five or six weeks, and would probably be living now but for the unfortunate intervention of intestinal obstruction.

Selected Papers.

THE SURGICAL MANAGEMENT OF SUPPURATIVE FORMS OF TUBAL AND OVARIAN DISEASE.

BY JOSEPH PRICE, M.D., Philadelphia.

For centuries there was no precise knowledge of the character and organs involved in pelvic suppuration. Everything was put under the head of pelvic abscess. The term in itself conveys an idea of the limit of the knowledge of the earlier surgeons—if by such name we may designate them—of the character, the relating functions of the pelvic organs, and the troubles in which they are frequently involved. But it is not to profitable purpose to spend much time in a cemetery; we find more profitable teaching in the work of the men of our own than in the work of the men of the earlier centuries. Limited as was the nomenclature, it served to cover about all that was known.

We are no longer greatly in need of medical and surgical terms. Every experimenter, with the coincidence or accident of a success, takes a cross-field cut to get into print and herald the new method or doctrine his genius has evolved, and not satisfied with anything in the old or in the clearly descriptive and intelligible of the modern, he invents a new nomenclature, and to his new fad or "pad" gives the sweet seductive euphony of his name.

We would naturally suppose that as we grow in precise knowledge of the character and organs involved in pelvic suppuration there would be a more general consensus of opinion as to the structures involved in the most common varieties of intrapelvic disease and as to treatment.

While our literature is burdened with discussions of pelvic diseases and their treatment, there have been a few men doing our scientific thinking for us—a few who have answered many of the obstinate scientific questions which lie within the range of facts related to other facts.

Bernetz and Goupier have carried the spirit and accuracy of the mathematician into their minute investigation, their keen scrutiny of co-ordinate influences and results. They were investigators and not mere controversialists; they devoted time and effort not to disputing about facts, but to discovering them. Our science would be a sterile thing without the impetus, and the patient, prolonged investigation such men give it. What is best, they give us classified facts, vital relations; give us results and reasons for them, give us discoveries and not inventions of doubtful value, the logical conclusions of practical investigators and not mere theorizing. As close observers they have given us the results of their observations. A very distinguished scientist has given us a broader meaning of observation than that of common acceptance. He has defined it to mean "the strenuous exertion of the faculties behind the eye as well as the assiduous training of the eye itself." He adds: "I have educated five observers; one of them, to be sure, has turned out to be my deadliest personal enemy, but still I affirm that he is a good observer, and that is the best compliment I could pay him were he my dearest friend." It is true that the men who have given us all the science worth the name have not been without their scientific enemies.

The source from which most mischief has come to genuine scientific discovery has been through a class of small critics of the kid-glove or japonica variety—those amateur scientists who glean up and combine all the discoveries and results of the experience and observation of many specialties into one confused mixture. They have been obstructionists for the reason that they have diverted attention from subjects of vital importance and which should receive the most profound study. It is not claimed that all the conclusions of our eminent scientists are without the circuit of legitimate criticism and controversy. There are many errors to be corrected. We have not outgrown the possibility of new achievements. There is much yet within the chaos of facts for our finding.

There are, however, in our science and art some settled truths—truths settled by clinical and surgical experience, which we can not do better than adhere to; the successes are not the same when they are deviated from for the new of some adventurer. Early in the history of true pelvic pathology and surgery these adventurers and obstructionists referred to and denied the existence of tubal and ovarian disease. Later, recognizing the error of their ways, they again became obstructionists in the surgical management. Still later they became advanced thinkers and originators—full of deep surgical wisdom; critics of well-established, safe, and simple forms of treatment. To follow the campaign of a few would-be leaders is one of the most interesting and at the same time disgusting chapters in pelvic pathology and surgery. First, they denied the existence of tubal and ovarian disease, occlusion of tubes, with retention of blood, pus, and water, with partial or general adhesions to important viscera or structures. Later they admitted all, but they had tortured original methods of treatment.

Simple, direct, and positive methods were criticised. A few months or a year later they tried to startle the world by rather ultra and heroic methods of treatment, modifying or changing their views and methods about twice yearly, fully contradicting themselves about every six months. Nothing could be more unfortunate for the numerous sufferers throughout the world than the present disagreement as to real pathological conditions demanding simple surgery. Recently the whole subject has been greatly complicated by new methods, new appliances, and positively new men or operators. I say new operators because they have been in the field but about two years. Mr. Tait organized a large and wonderful school in pelvic surgery. They followed his simple and complete methods with startling success throughout the world. The reports of small and large series of successful operations for greatly complicated troubles, were very numerous. The reports in about all cases were of a pleasing nature.

Early in the history of this great work the followers of Mr. Tait had a lower mortality and better results in a more complicated class of troubles to deal with than the present school of undecided operators.

Much of the new work is that of a class of men who have served a very short apprenticeship. The new gynæcologist, like in homœopathy—that which is new is not true, that which is true is not new, a fact peculiar to both. The noble battles fought out are worthy of our thoughtful consideration. The statistics and tables given will not stand before the veteran abdominal operator. Much of the work shows decided timidity, and some of the tables, with the history of the cases would indicate unjustifiable work. Some of the blind and blundering procedures remind one of a very common expression of women—an untruth in its bearing—"What you don't know will never hurt you!" It is by what we have done and are doing, and the results thereof,

that professional and non-professional judgment is influenced. Electricity, sacral resections, and a number of fads, are no longer heard of; they served but a short day. Infrapubic work, so much lauded at present, will do a world of mischief before it is discarded. I can not understand how any one familiar with pelvic disease, with knowledge based upon a large suprapubic experience, can claim superiority for the lower method. With a large experience with vaginal hysterectomy for malignancy, and in operative obstetrics, the facts, as confirmed by experience, force one to the adoption of the upper method for ease, for the exercise of good surgical judgment, and completion and refinement of technique. Sufficient time has not elapsed to give statistics value as a criterion of judgment. A longer and more general trial of the method will give shocking results. For actual disease—pelvic, acute, or chronic—the numerous unrecognized injuries and accidents to surrounding structures and important viscera will stay the hand of all conscientious surgeons or bring reproach upon abdominal surgery generally. The absolute incompleteness of this method must condemn it. An operation, to be complete, must remove all that it professes to remove. It must correct all pathological complications and lesions, and leave all surrounding structures in as normal relations as possible.

Unrecognized and unrepaired fistula to the number of five or six per cent. following the infrapubic operation is alone sufficient reason for its total rejection as one of the most imperfect, inefficient, and unsatisfactory methods ever practiced in gynecology.

The careful reading and studying of good abdominal and pelvic literature—the contributions of experienced investigators and thoughtful observers of all phases of the operation—furnish the most convincing arguments in favor of the suprapubic method. Ignorance, prejudice, or timidity only will bar out the proofs so ready at hand. The logic of results certainly will not. The common expression “inoperable” comes from the infrapubic operators or adventurers who have just *stumbled* into the field of abdominal surgery, and are asking, in the phrase of an ex-Congressman, “Where am I at?” He attempts an abdominal section, finds a few adhesions, wipes his thoughtful brow, breaths out a few expressions of surgical wisdom, closes an eighteen-inch incision by “My method”—his certainly—and then declares the case “inoperable.”

He then suggests or attempts the new dismal-swamp procedure by stabbing through the vaginal vault with a knife or scissors, a pus-tube, or ovarian abscess, or extirpates the little healthy uterus, stating that “the adhesions of the appendages were so solid that I could not complete their extirpation.” I presume this same operator and authority would remove the penis for unilateral or bilateral buboes, and consider it good surgery. The suprapubic surgical management of suppurative forms of tubal and ovarian disease is

easy in the acute cases, complicated and trying in the many neglected and chronic cases, but rarely is it necessary to "back out from the operation at the table" or abandon the operation at any point. The management of the omental bowel, small and large adhesions, careful repair of all bowel lesions, is easy and vital in every case.

The enucleations are complete and easy in puriform disease. A prominent operator records that "I have left twenty-one times parts of the appendages in the pelvis in the one hundred and fifty-seven cases of serious suppuration upon which I have operated."

Now a moment's reflection upon this recorded admission of a man traveling in America as a gynæcological missionary, where gynæcology had its genesis. I have hundreds of times repaired bowel lesions, and have freed adhesions by the hour. Nothing in my professional work gives me more pleasure than our ability to deal with visceral complications and lesions incident to the natural history of intra-abdominal and pelvic disease. The scientific and surgical interest of the American profession in bowel and all visceral surgery, as exhibited in the records of surgeons, is a matter of very natural and just pride. There will be no more encouraging or brighter chapter in the history of surgery than that which will record the work of the last decade.

The suprapubic method, as perfectly practiced—free of errors of omission and commission—is the only operation that can give perfect, immediate, and permanent results. The accidents, complications, and sequelæ commonly referred to in discussions of the suprapubic operation—that of infection, adhesions, fistula following drainage, and improper ligatures—are all avoidable, except in very rare, very feeble patients.

Society Reports.

ROWAN COUNTY MEDICAL SOCIETY.

(Meeting held at Salisbury, N. C. January, 6, 1896.)

President Dorsette in the Chair. Dr. L. N. Burleyton read a paper on a new remedy.

COCILLANA.

After giving the geographical and botanical source of the drug—he further said "Cocillana is an expectorant tonic laxative, possessing a sphere of influence on the respiratory organs somewhat similar to ipecac, but said to be superior in certain diseases of the air passages, in which the latter is often used.

It is also introduced as an excellent expectorant and it exerts a tonic influence upon the appetite. The preparation of Cocillana first introduced was a concentrated tincture, but the more recent clinical investigation point

out the fact that the fluid extract, on account of the less proportion of alcohol and the smaller required dose, is the most available preparation. A fluid extract of the drug has been prepared by Parke, Davis & Co., from whom samples may be obtained by those wishing to give it a trial. It is serviceable in bronchial catarrh especially in the subacute and chronic form when accompanied by scanty or moderately profuse secretions, whether the cough be tight or loose. I have had the privilege recently to use the drug in two cases of subacute bronchitis with decided satisfaction. I prescribed the fluid extract in twenty drop doses three times a day. It seems to possess the power of rendering cough less frequent and difficult and the bronchial secretion less viscid and more easily expectorated while at the same time diminishing it in amount. It is highly recommended in the persistent cough following an attack of influenza, pneumonia and measles, and in spasmodic affection of the air passage such as asthma, hay fever, etc. I can heartily endorse the drug as one among the best acquisitions to our *Materia Medica*.

DR. CROWELL presented a case supposed to be chronic multiple neuritis—having the characteristic symptoms—tenderness of the nerves and muscles; not much pain; progressive muscular weakness, with loss of power, affecting the extensors and supinators of forearm, the extensors of the toes and flexors of the ankle. The other muscles of limbs also affected but to a less degree etc., though the reflexes are not affected, being about normal. The case has been treated by different physicians with no good results. Dr. Crowell is now giving him strychnia and celerina and using electricity with some good effect.

DR. POOLE.—Give him iodide of potassium in large and ascending doses.

On motion, the President appointed a committee of three, consisting of Drs. M. L. Stephens, H. T. Trantham and A. J. Crowell to prepare resolutions in regard to our fees for Life Insurance Examination. The following resolutions were submitted by committees and adopted by the Society:

WHEREAS the New York Life, the Equitable and other life insurance companies have issued circulars to examiners wherein they announce a reduction of the fees for examination from \$5.00 to \$3.00 in certain cases and

WHEREAS the fees for all such examination have been long placed by the Rowan County Medical Society and the North Carolina State Medical Association at \$5.00 and whereas the successful operation of all Life Insurance Companies depend largely upon the skill and honesty with which there examinations are made, and whereas the growth and financial strength of these institutions stand as a monument to the intelligence of the Medical Examiner as well as to their business management,

1. *Be it resolved* that this Society decline to make examinations for these or any other companies for less than the minimum amount in our fee table which is \$5.00.

2. That a copy of these resolutions be mailed to the home office and general agents of each Life Insurance Company making or that shall hereafter propose to make these reductions.

3. That a copy of these resolutions be sent to the NORTH CAROLINA MEDICAL JOURNAL for publication.

NORTH CAROLINA MEDICAL JOURNAL.

ROBERT D. JEWETT, M.D., EDITOR.

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This JOURNAL is published on the fifth and twentieth of each month, and any subscriber failing to receive his copy promptly, is asked to announce the fact to this office.

Cuts will be provided for any original communications (sent to this JOURNAL only) requiring illustrations, free of cost to the author.

Secretaries of County Medical Societies in the Carolinas are asked to furnish condensed reports of their meetings to the JOURNAL.

All communications, either of a literary or business nature, should be addressed to, and remittances made by P. O. Order, Draft or Registered Letter, payable to ROBERT D. JEWETT, M.D., P. O. Drawer 825, Wilmington, N. C.

Editorial.

Reciprocity Between State Boards of Medical Exam- iners.

The following States require all applicants for license to practice medicine to appear before a board of examiners and prove their fitness as physicians, viz., Alabama, Arkansas, Florida, Maryland, Minnesota, Mississippi, New Jersey, North Carolina, North Dakota, Pennsylvania, South Dakota, Utah, New York, Virginia and Washington, and also Indian Territory. In the other States examination is not required, if a diploma is presented, and in some there are no requirements at all. Each year adds to the list of States that have enacted medical practice laws, and each year the requirements are becoming more and more rigid. Should a physician wish to move his residence from one of the above named States to another, and prac-

tice medicine in his new home, he must needs appear before the board of examiners and pass his examination. It matters not what his ability and reputation are, he must prove to the satisfaction of the board that he is qualified. This is undoubtedly a great hardship upon a man who has been in active general practice for fifteen or twenty years, for with the rapid advances that are being made in the different branches of medicine, some of which were not even taught in the days he attended college, it would require a great deal of hard study to prepare himself for such an examination as the applicant of the present day has to stand.

In the eyes of the public a physician who has been licensed to practice in one State should be considered qualified to practise in any other State. Under the present conditions, however, it would be disastrous to

those States which have adopted a high standard to require them to exchange licenses with all other States, for as we have seen above, some States grant a license upon the simple presentation of a diploma from a medical college, not stopping to inquire into the method of securing this diploma, while others have no laws at all. While, therefore, it would be impracticable to require the Board of Medical Examiners of any State to recognize the license granted by all other States, it would, in our opinion, be proper and wise to invest it with discretionary power in the matter, giving it the right to recognize the license granted by another board, if, in its judgment, the examination which the applicant has already undergone is sufficiently rigid, and the standard sufficiently high to test his fitness.

For the purpose of securing a general uniform standard among all States, and a license which could and would be recognized by all boards of examiners, Dr. C. E. Farnum, of San Francisco, has recently read a paper advocating the establishment, by national legislation, of a board of medical examiners, to be principally composed and under the control of the superior officers of the medical staff of the United States Army and Navy. He suggests that this Board hold periodical sessions in all the States and Territories for the examination of applicants, and that to each successful applicant it grant a special degree with some proper title, such as "Fellow in Medicine and Surgery, United States of America." This Board should recognize neither

"pathies" nor diplomas, nor any medical schools or teaching bodies. Its license should be a qualification for admission to a medical position in the Army or Navy. He suggests that the different States adopt and accept only the national standard of qualification for the granting of license.

He claims that among the good results that would follow the establishment of such a board and the adoption by the several States of its certificate as the only qualification for the granting of a license, (1) that the examining body will not be under the influence of politics, or medical colleges or medical societies in which members of medical faculties have a controlling influence; (2) a better and more uniform standard of qualification would be required; (3) the standard of requirement for graduation in colleges in this and probably in foreign countries, would be increased; (4) the number of medical colleges in the United States would greatly decrease, also the number of medical students and graduates; (5) with the reduction in the number of medical colleges there would be a proportionate decrease in the number of free dispensaries, which have the medical colleges as an excuse for their existence.

Dr. R. L. Payne.

We have received a letter from Dr. R. L. Payne, formerly of Lexington, informing us that he has removed to Norfolk, Va., which latter place he will make his home. We regret greatly that the State is to lose so good a citizen and able a physician. Dr. Payne stands high among his professional brethren and at its last meeting was elected President of the State Medical Society.

Reviews and Book Notices.

A System of Surgery. By American Authors. Edited by Frederic S. Dennis, M.D., Professor of the Principles and Practice of Surgery, Bellevue Hospital Medical College, New York; President of the American Surgical Association, etc., assisted by John S. Billings, M.D., LL.D., D.C.L., Deputy Surgeon-General, U.S.A. To be completed in four imperial octavo volumes, containing about 900 pages, 422 engravings and 2 colored plates. Price per volume: \$6.00 in cloth; \$7.00 in leather; \$8.50 in half Morocco, gilt back and top. Lea Brothers & Co., Philadelphia, 1895.

Of the many medical books which are constantly being sent out from the great publishing houses of this country, none will meet with more cordial reception than this system of surgery. It is entirely the work of American surgeons, than whom the world has produced none more able, taken either in the operating room or the lecture hall. We find in the list of contributors the names of the foremost surgeons of the United States, men who are capable of speaking with clinical authority from an experience based on the study and observation of a large number of cases. Each department is thus treated by an acknowledged authority on the subject, who is able to present the most modern and advanced views in the most forcible way.

The opening chapter by Dr. Billings is a most interesting but brief history of surgery from the earliest periods. Following this is a chapter on surgical pathology, by Dr. W. T. Councilman, covering about an hundred pages. The different pathological processes coming under this

head—inflammation, ulceration, fever, thrombosis and embolism, hypertrophy and regeneration, death, necrosis, atrophy and degeneration, and repair—are thoroughly and concisely described.

The section on General Bacteriology of Surgical Infections is contributed by Professor William H. Welch, of Johns Hopkins, and could not have been entrusted to an abler man. In fact, the list of authors with the subjects assigned them is evidence of the editor's knowledge of the American profession and the special abilities of each. Dr. Charles B. Nancrede discusses the symptoms, diagnosis and treatment of inflammation, abscess, ulcer, and gangrene, and is followed by Dr. William H. Carmolt with a chapter on septicæmia, pyæmia, and poisoned wounds. Dr. J. Collins Warren has a short article on traumatic fever, erysipelas and tetanus. Next comes a chapter on rabies, by Dr. H. M. Biggs. The section on gunshot wounds by Dr. P. S. Conner, contains an instructive study on the nature of wounds inflicted by the modern fire-arm, which, in view of the unsettled state of international ideas on the Monroe doctrine, it might be well for all surgeons and physicians to read carefully.

Probably the most practical section in the volume for the general practitioner is that on Fractures and Dislocations, by Dr. Frederic S. Dennis. Dr. H. C. Wood writes on Anæsthetics; Dr. A. P. Gerster on the Technique of Antiseptic and Aseptic

Surgery, and the volume closes with a section covering an hundred and forty pages, on Operative Surgery, by Dr. Stephen Smith.

The volume is excellently and liberally illustrated and the mechanical work is all that could be desired.

Annual of the Universal Medical Sciences. A yearly Report of the Progress of the General Sanitary Sciences throughout the world. Edited by Charles E. Sajous, M.D., and seventy Associate Editors. The F. A. Davis Company, Philadelphia. 1895.

It is to be regretted that this excellent work should not be given to the public earlier in the year; but the same fact which insures the value of the matter the work contains causes delay in its publication. The editors of the various departments are very busy practitioners and are not always able to prepare so large a work on schedule time, though the delay in this issue seems to have been caused by those who are usually prompt. The Annual is a condensed review of the literature of the year, and the work is very thoroughly done, so that one may safely turn to its pages for the latest ideas on any branch of medical science.

Hand-Book for Hospitals. By Abby Howland Woolsey, member of Committee on Hospitals of the State Charities Aid Association of New York. Third edition—cloth, octavo. G. P. Putnam's Sons, New York, 1895.

In the State of North Carolina hospitals for the general treatment of patients are in their infancy. Those that exist are probably not up to the proper standard of modern hospitals, though the State institutions for the

care of the insane are equal, we believe to any in the country. However, there are many persons interested in hospitals and not all among the medical profession. There are the committees who have the general supervision and upon whose ideas of the necessities for the hospital the appropriations depend. These should instruct themselves in regard to the requirements of a hospital.

The book written by Miss Woolsey and revised by the committee appointed for that purpose, the author having died, is a most excellent work. It gives general suggestions which will be of service to those contemplating the erection or the remodeling of a hospital—including the rules for air-space and ventilation, the most desirable styles of architecture, methods of heating and draining, etc.

Very important chapters give directions in regard to the laundry, hospital housekeeping, the nursing service and disinfection.

P. Blakiston, Son & Co., of Philadelphia, announce a book on "Appendicitis," by John B. Deaver, M.D., Assistant Professor of Applied Anatomy, University of Pennsylvania; Assistant Surgeon to the German Hospital, etc. The book will be arranged in a practical and systematic manner. The history, etiology, symptoms, diagnosis, operative treatment, prognosis, and complications of this disease will be given in the order named. It will contain about forty illustrations of methods of procedure in operating, and typical pathological conditions of the appendix, the latter being printed in colors.

Dont's for Consumptives, or the Scientific management of Pulmonary Tuberculosis, is the title of a book which, under the authorship of Dr. Charles Wilson Ingraham, will soon (about February 10th) be issued by the Medical Reporter Co., of Rochester, N. Y. The complete work of 35 chapters is devoted exclusively to the general management of Pulmonary Invalids, no reference whatever made to drug treatments. The object of the author is to supply the physician with a practical work, and at the same

time, by eliminating technical terms, reduce the text within the easy comprehension of the intelligent patient. The author claims that "a good understanding of his condition is the best remedy for the consumptive." With this book in the hands of his patient the physician will be relieved of a multitude of details which attach to the successful management of such cases. Special attention has been given those chapters pertaining to the destruction of tubercular infection

Abstracts.

A CASE OF PHTHISIS APPARENTLY CURED.—William Pepper, M. D., (*University Med. Mag.*) The patient was a woman of 21 years, with a decided tubercular taint. In March, 1893, she suddenly began to lose flesh, had anorexia, deranged digestion, cough, and expectoration. The disease progressed so rapidly that when first seen, in the latter half of the month, she was already bedridden. She was found extremely emaciated. Constant irregular fever, with high evening rise. Night-sweats were profuse and exhausting. The slightest cause would provoke violent vomiting. The expectoration was thick, tenacious, heavy, and of an average amount of eight ounces. There were increased fremitus, dullness on percussion, and bronchial breathing with fine crackling râles over the right apex and the left base. The sputum contained myriads of tubercle bacilli.

Egg-albumen, agreeing better with her stomach than any other food, was taken daily to the amount of the albumen of two dozen eggs. Hypodermatically, every two hours, there was given $\frac{1}{100}$ grn. of strychnine nitrate combined with $\frac{1}{1000}$ grn. of atropine sulphate; by mouth, every two hours, $\frac{1}{80}$ grn. of strychnine nitrate combined with $\frac{1}{8}$ grn. of the double chloride of gold and sodium and $\frac{1}{2}$ grn. of a vegetable digestive. She was also given cod-liver oil inunctions, with massage and passive movements, daily. After a few days, the gold and sodium was increased to $\frac{1}{8}$ grn. every two hours. When strychnine intoxication showed itself the drug was reduced, but later again increased so that she was just inside the border-line of the drug's toxic action.

During April she gained flesh, the fever became less, night-sweats were less profuse, cough allayed, and the

expectoration, still rich in bacilli, was much reduced. During the latter part of May she regained her normal weight of 125 pounds. The fever and night-sweats disappeared. Digestion normal and appetite good. Cough and expectoration very slight. Tubercle bacilli gone. The signs of consolidation disappeared only slightly, harsh breathing remaining over the affected parts. She was sent to the mountains with instructions to continue the general treatment and to practice deep and forced breathing. In September she returned in perfect health, weighing 134 pounds. She remained well until August, 1895, when she had a slight attack of pneumonia in the left base. The sputum resembled prune-juice and was crowded with pneumococci and tubercle bacilli. Crisis on the eighth day, and a few days later she was sent to the mountains.

She returned in 10 days with anorexia, fever, cough, and expectoration full of tubercle bacilli. Weight, 114 pounds. Consolidation with moist râles over the left base. The same treatment was instituted as during the first attack. On November 1, 1895, her weight was 124 pounds; fever gone, and cough and expectoration almost disappeared. Since the last week in October there were no tubercle bacilli found. The consolidation was greatly reduced, and a few days later the patient was again sent to the mountains.

Noteworthy points in this case are: The sudden onset, quite like general miliary tuberculosis; the large number of bacilli; the rapid recovery, all the more remarkable with a pro-

nounced tubercular family history; the complete disappearance of consolidation and bacilli; the acute reappearance after two years of the whole train of symptoms, with signs in the base of the left lung directly following an attack of pneumonia located in that vulnerable part; the large number of bacilli and their early complete disappearance in the second attack; the abatement of the consolidating process, and rapid recovery of the general health after the second attack; the absence from the treatment of all cough-medication and antiseptics, and the large doses of strychnine nitrate and the double chloride of gold and sodium, with which the system was kept literally saturated.—*American Medico-Surgical Bulletin.*

CHANGES IN THE REMAINING KIDNEY AFTER NEPHRECTOMY.—Enderlin (*Duet. Zeit. f. Chir.*) Enderlin experimented upon rabbits, in order to study the effect of nephrectomy upon the remaining kidney, and whether any changes could be found which would explain the diminished quantity of urine excreted at first. He found that the striated arrangement of the granules in the epithelium of the convoluted tubules was lost, as they had a tendency to work toward the lumen of the canal, and that vacuoles appeared in the cells. On the fifth day this condition reached a standstill, and then improved, but on the seventh day there were still some alterations visible. He was fortunate enough to obtain a kidney removed from a woman four hours after death, which took place forty hours after

nephrectomy for hydronephrosis. The vena cava was wounded and sutured during the operation. The same changes were found in this kidney. In connection with the suggestion to ligate the ureter and delay the nephrectomy, in order to accustom the other kidney to extra work, a proceeding which Favre found reduced the mortality very much in experiments upon rabbits, Enderlin emphasizes that in the case just mentioned death ensued from suppression of urine, in spite of the longstanding hydronephrosis.—*American Medico-Surgical Bulletin*.

CARCINOMA OF THE RECTUM. (*Montreal Medical Journal*.) At a meeting of the Montreal Medico-Chirurgical Society Dr. Armstrong related the clinical history as follows: Man, forty-five years of age. Disease first noticed in July, 1892; it was a pretty high cancer of rectum. I removed it by Kraske's method, made an incision on the left side, separated the attachments of the rectum from the sacrum, turned it down, and got a very free entrance into the region of the rectum; then introduced the sound into the urethra, which assisted me very much in separating the growth from the urethra, prostate, and base of the bladder. I found I could get the rectum down very nicely, so that I was enabled to remove the tissues well above and around the disease. There were a few enlarged glands about the sacrum, which I removed. Then I sutured the ends of the bowel together. In Kraske's operation the sphincters are not disturbed; we go in from the sacrum and divide the

rectum about one and one half inches or two inches above the internal sphincter, then bring down the malignant disease, divide the rectum above that, and suture the two ends together. This case, like most cases, did not unite by first intention. There was leakage. A large mass, which will be shown to you, developed from the fistula where I made the entrance from behind. It was very slow in closing, and the fecal discharge which came down for a long time was the cause of the fungoid growth which developed. The bowel, although three years have elapsed, only shows one or two small nodules in the neighborhood of the growth. One year ago obstruction was so great that I did an inguinal colotomy. Of course this operation has been made. One of the most important is just now under discussion, and it looks very feasible; that is, to do a colotomy first (Schede does the colotomy afterward). It seems to me it would be a good idea to do a colotomy first, establish an artificial anus, get the patient somewhat accustomed to the use of this artificial anus, get the lower rectum thoroughly cleaned out, and by thus rendering the field of operation aseptic, primary union of the cut ends may be obtained, which it is believed lessens the liability to local recurrence.—*Mathews' Medical Quarterly*.

DIAGNOSIS OF PREGNANCY.—When a woman misses her menstrual period, she at once thinks of pregnancy, and under certain circumstances, such as the desire for children, or, on the other hand, the absence of a marriage tie, she becomes very anxious to

know the facts early. Is it possible to tell her? Dr. Charles P. Noble (*Med. Times*) says: It is possible ninety-nine times out of a hundred, by bimanual palpation, to determine definitely between the sixth and twelfth weeks. He relies particularly on Hegar's sign, of which little or nothing is said in text-books on obstetrics. This concerns the relation of the cervix to the body of the uterus. The shape of the unimpregnated uterus is pyriform, flattened from before backward. When the cavity of the uterus contains a growing ovum, the corpus and fundus develop with great rapidity, while the cervix grows but slowly. By six weeks the ovum has grown sufficiently to make the corpus spheroidal in shape, while the cervix has altered very little. Thus there is formed a spheroidal body on a cylinder, and the sphere juts out from the cylinder prominently in every direction. The corpus, too, is softened, and gives a sense of semi-fluctuation when palpated bimanually. Only two other conditions besides pregnancy can cause this sign: (1) Hematometra, due to imperforate cervix, which is very rare and has a suggestive history. (2) Intra-mural fibroid, which does not give semi-fluctuation nor uniform enlargement of the uterus. Corroborative evidences of pregnancy, in the early months, are violet discoloration of the vagina, most marked beneath the urethra, and velvety softness of the vaginal walls, with marked pulsation in vaginal and uterine arteries. Softening of the cervix Noble considers of much less importance than is usually assigned

to it, and a sign on which very little dependence can be placed. Landau (*Deutsche med. Wochenschrift*) says the size of the uterus in the first months is much less to be considered than its form and consistence. Ante-flexion is increased, the portio is higher, the vagina longer, and the anterior vaginal wall seems stretched. The consistence is softer, and gives a sensation as if the examining finger was against soft butter—it penetrates, finds no resistance, and leaves no imprint.—*Gaillard's Med. Jour.*

FISTULA IN ANO (J. E. Mathews—*Mathews Med. Monthly*). I wish in this issue to discuss the treatment of fistula in ano from a different standpoint from any that has been mentioned before in these columns. We all are familiar with the time-honored surgical maxim that to heal a fistula it is necessary to "lay open the tract freely and allow the wound to heal by granulation from the bottom." Indeed, very few authors at the present day mention any other plan. A few years ago Langé, of New York, suggested that this disease, fistula in ano, might be dealt with in an entirely different manner, claiming that in many cases at least these wounds could be made to heal by *first intention*, thereby saving a long, tedious convalescence. It is to this plan that I wish to refer.

I wish to say in the beginning that if the surgeon labors under the impression that fistulæ found around or communicating with the rectum are trivial affairs and easy of cure, he will find himself in the majority of cases greatly deceived. It is no wonder,

considering the enormous wounds that are sometimes made in these cases, after the ideas of antiseptic surgery were promulgated, that surgeons began to think of the propriety of trying to get union by *first* intention after operations for fistula in ano. So universal was such practice in other wounds that it seemed plausible in these. But it must be remembered that in days past there were good and great surgeons, and no doubt they thought of the same thing. But, be that as it may, certain it is that their attempts were futile. It may be asserted, however, that surgery has been revolutionized, and that with the antiseptic era we have much better success in the healing of wounds than of yore. The etiology and pathology of the disease was well understood in the past, so we must look for some other reason for supposing that they failed to instruct us in a method to get union by *first* intention, knowing as they did how much more desirable it was.

The only question then to be asked, has the plan suggested by Langé been successful? If so, to what is this success attributable? or, if answered in the negative, to what is the non-success attributable? We quite understand that wounds of every character are not disposed to heal by first intention if particles of dirt, foreign bodies, or an uncleanly condition exists. But we do know that if a thorough aseptic condition is had, together with a perfect apposition of the parts, union by first intention is the rule. Now I shall contend that the plan suggested by Langé has *not* been successful except in the rarest of

cases of fistula in ano. What then is the explanation? I would ask. Is the morbid change in this disease different to-day from what it was fifty years ago? Certainly not. Fistula in ano invariably has its beginning in an abscess; pus burrows, new and extensive channels are formed. The whole anal and perineal region may be invaded. The scrotum, labia, spincter muscles, etc., may be destroyed by the invasion of pus. If the older surgeons had known that which modern research has made so plain, viz., that pus must be evacuated as soon as detected, much of this disease would have been prevented, and to-day no stronger injunction could be given than this important surgical lesson. I must confess that I believe that much more good could be accomplished to-day by insisting upon *free drainage* in this surgical disease than by an attempt to teach that we might get union by first intention after operating.

If it could be maintained that union could be had by first intention in any thing like a respectable proportion of these cases, it would be worth the trial. But is this true? I certainly must dissent from any such belief. If in the majority of cases of fistula in ano only one main sinus existed, no one would deny but that an attempt should be made to close it by apposing its surfaces after division. But the surgeon who sees much of this affection is well aware of the fact that such cases are the rarest exception. No surgeon but would say in operating, "Lay open freely every channel." Then, admitting that the majority of cases have many channels

and that to "lay open, trim edges," etc., would put the wound beyond any condition to get apposition, and without apposition there can be no union by *first* intention, to even attempt such a thing would result in a pus discharge, breaking of stitches, and an ugly condition of affairs generally.

To conclude, then, I would submit that in these cases where the least doubt exists as to whether apposition can be had, no attempt should be made to obtain it. Much better to lay open all channels, curette all surfaces that need it, divide the indurated bottom, and trim off overlapping edges, and allow the wounds to heal, as did the old masters, by granulation, trusting to your antiseptic methods to prevent all pus. You then will have a perfect drainage and a perfect cure.

A TEST FOR DISTINGUISHING BETWEEN SEROUS EXUDATIONS AND SIMPLE TRANSUDATIONS.—Rivalta (*Rif.*

Med., April 24, 1895) finds that if a drop of glacial acetic acid is added to a serous exudate (that is, an inflammatory effusion) a slight white cloud forms in the wake of the falling drop, which precipitate redissolves on the addition of more acid. No such reaction takes place in mere transudation, that is, non-inflammatory fluids. A good way of doing the test is to let fall a drop of the suspected fluid into 200,400 c.cm. of distilled water, acidulated with two to four drops of glacial acetic acid. If the fluid is an inflammatory exudate, a whitish streak follows the falling drop, and on the addition of more acid, is dissolved. Examination of the precipitate shows that it belongs to the class of nucleo-albumins. The author's method presents a clinical advantage, in that a mere drop or two of the fluid (such as can easily be withdrawn with a hypodermic syringe) suffices to provide material for the test.—*Medical and Surgical Reporter.*

Correspondence.

A PRECEDENT IN HEALTH BOARD AFFAIRS.

Editor N. C. Med. Journal:

The board of health of a certain town in North Carolina recently took action on a certain matter which came to their attention in a way which, not only aroused the fiery indignation of some of its citizens, but which as its like has never been heard of before, is entitle to be called a precedent, and a very unique one at that.

It seems that some one noticed a child's persistent efforts at scratching its head. And on investigation proved existing that condition which the books term Pediculosis. Horrors! Further examination showed all the children in the house in the same condition.

The scandalized mother went to work at once and destroyed every "pediculous." No use, next day there were more. Other families were

undergoing the same experience, and soon it was known that almost every child in town "had 'em." The board of health heard of it, they discussed it, they decided that the children got the trouble at school, where certain children known to "have 'em" went. They proposed, they agreed, then they acted. One morning the business of the school was proceeding swimmingly along towards recess. The small boy was idly scratching his head and wondering why they didn't let up, when the low murmur which seems to be the necessary concomitant of study with the youth of this land was suddenly hushed by a rude knock at the door. When the door was opened the board of health entered in all the dignity of office. They took charge of the school, and produced their weapons. These consisted of sheets of white paper and *fine tooth combs*. Then they combed each child's head and, if they found inhabitants, the child's name was entered on their list. Very few were free from the pest, none escaped the combing. Fancy a young lady of fourteen, of a most excellent family having her head thus combed publicly! fancy the needless humiliation she experienced when some of the pest were found on it. Could the extermination of all the pediculi under the sun atone for one of those bitter tears? The board completed their list, and retired. Then they notified the parents of the listed children of what they had done, and ordered the free use upon the children's heads of the cosmetic which grocery men call "*Pierrosene*." The school adjourned for the holidays, and has not yet re-

sumed. The board has received the acknowledgements of most of the parents. The pediculi have disappeared. * * * * *

And now, Mr. Editor, is not this a case for the experts to dispute over? It seems to me the question is a knotty one. Thus there was strong talk of prosecution, an attorney declaring the combing to be an assault and battery, because Pediculosis is not a disease, hence the board had nothing to do with it. This is very well, but we know the works on skin diseases do class it as a contagious disease, describe three varieties of it, and give treatment. This would seem to make it a disease, but the word disease means something interfering with physiological function, and it cannot be proved that these pest ever made anybody sick, therefore it is not a disease in the true sense, and consequently the board was acting without its jurisdiction. But perhaps it should be termed a public nuisance and its suppression be the duty of the town commissioners. At all events it happens again that pediculi invade the town whether the Mayor will act or not is yet unknown. But it is safe to say the board of health will never go there any more.

R. H. S. Jr.

It is proposed to raise \$30,000 with which to create a Fellowship in Anatomy at the University of Pennsylvania in memory of the late distinguished Dr. Joseph Leidy. Dr. Leidy discovered, in 1846, the trichina spiralis in a slice of boiled ham of which he had eaten.

Therapeutic Hints.

ECZEMA OF FACE AND NECK.

℞—Aristol 3 ss;
 Camphor gr x;
 Lanolin $\frac{3}{4}$ ss;
 Carbolic acid gr v;
 Ointment of oxide of
 zinc $\frac{3}{4}$ ss.
 M.—Sig.—Apply locally.

SHOEMAKER.

WARTS.—Flowers of sulphur, 150 grains; glycerin, 375 grains; pure acetic acid, 75 grains. Application of the mixture should be made every day and gradually the wart will become shriveled and dry and finally drop off. The mixture should be well shaken. LYON MEDICALE.

COUGH OF MEASLES.

℞—Ext. Hyoscyami . . 2.25 grs.;
 Distilled water . . . 2.2 ozs.;
 Syrup 150 grs.

M—Sig. A teaspoonful every two hours.

WIDERHOFER.

CONSTIPATION IN INFANTS.

℞—Tinc. Nuc. Vom. . . . ℥.ss;
 Tinc. Belladonnæ . . . M v;
 Inf. Sennæ Mxx;
 Inf. Gentianæ Co. ad . . 3 i.

M—Ft. haustus.

Sig.—To be taken three times a day before meals, by a child from eight to twelve months old.

EUSTACE SMITH.

ALCOHOL IN CHILDREN.—The risk of alcoholism must always be considered in ordering alcohol for children, and when there is a history of alcoholism in a child's antecedents it is best to avoid it altogether. Dipso-mania, generally hereditary, occurs both in boys and in girls, in the latter especially about the time of the first menstruation. Delirium tremens has been seen at five years old and cir-rhosis of the liver, with definite history of abuse of alcohol, at three and one-half. MOREAU.—*Med. Record*

Miscellaneous Items.

Under this head space will be given (free of cost) to those paid-up subscribers who desire to change their location, or to dispose of practice or property. One insertion will be allowed, but inquiries must not be ordered addressed to this office.

Any news connected with professional men and matters in North and South Carolina will be appreciated by the Editor.

OFFICIAL LIST OF CHANGES IN THE PUBLIC SERVICE.

MARINE HOSPITAL SERVICE.

For fifteen days ending January 15, 1896.

Stoner, G. W., Surgeon, granted leave of absence for thirty days with

pay, and not to exceed sixty days without pay January 15, 1896.

Pettus, W. J., passed assistant surgeon, granted leave of absence for thirty days, January 2, 1896.

Magruder, G. M., passed assistant surgeon, leave of absence extended nine days, January 2, 1896.

Goodwin, H. T., passed assistant

surgeon, granted leave of absence for sixty days, January 4, 1896.

Smith, A. C., passed assistant surgeon, directed to investigate relative to small-pox in Mississippi and Crittenden counties in Arkansas, January 14, 1896.

Gardner, C. H., assistant surgeon, ordered to examination for promotion January 4, 1896. Granted leave of absence for thirty days, January 15, 1896.

Nydegger, J. A., assistant surgeon, ordered to examination for promotion, January 8, 1896.

Wilkes, H. W., assistant surgeon, to proceed from New Orleans, La., to Memphis, Tenn., for temporary duty January 14, 1896.

RESIGNATION.

Goodwin, H. T., passed assistant surgeon, resignation accepted to take effect March 5, 1896.

THE NAVY.

For the week ending January 25, 1896.

January 21—Surgeon C. A. Siegfried, detached from the "Texas" and ordered to the "Columbia."

Surgeon W. G. Farwell, detached from the "Columbia" and placed on waiting orders.

Passed Assistant Surgeon J. A. Guthrie, detached from the "Texas" and ordered to the "Katahdin."

THE ARMY.

From January 9, 1895, to January 22, 1896.

First Lieutenant James M. Kennedy, assistant surgeon relieved is from duty at Camp Merritt, Montana, to take effect upon the expiration of his present leave of absence, and ordered to Fort Missoula, Montana, for duty.

The leave of absence granted Captain James D. Glennan, assistant surgeon, is extended one month.

Leave of absence for two months, to take effect on or about January 21, 1896, with permission to go beyond

sea, is granted Major Curtis E. Munn, surgeon, Benicia Barracks, California.

NECROLOGY.

SOME RECENT DEATHS AMONG PHYSICIANS.

Dr. K. M. Fenwick, of Queen's University, at Kingston, Ontario, of blood poisoning.

Dr. John Ford Barbour, aged 34, at Louisville, Ky., January 15th.

Dr. Samuel Prioleau, aged 41, at Summerville, S. C., December 9th.

PSYCHOGRAPHY.—Mr. W. Inglis Rogers, in the *Amateur Photographer* claims to have discovered that it is possible to take a photograph of the image left on the retina after looking fixedly at an object. In his experiments he used a postage stamp in a dark room, the stamp being strongly illuminated. After the stamp was gazed at for one minute, it was removed and a very sensitive photographic plate put in its place. The experimenter then fixed his gaze upon the plate for *twenty minutes* with the result of finding two images on it, at a distance from each other corresponding with the pupillary distance. While these images were not distinct, they were sufficiently so to be recognized.

Under the act for the prevention of ophthalmia neonatorum, there have recently been four midwives arrested in New York and fined from \$5 to \$25.

Dr. Rufus J. Teague has removed from Leasburg to Roxboro. ✓

We wonder what would be the chemical changes in the following combination:

R—Cocaine Mur. . . . gr. i;
Hydrarg. bichlor. . . . gr. i;
Pot. Permang. . . . gr. iss;
Hydrarg Dioxis $\frac{3}{4}$ i;
Aquæ q.s. . . . $\frac{3}{4}$ iv—M.

Would the druggist be censured before the patient if a very ugly mixture was dispensed? Simplicity in prescription writing is a virtue.

Dr. T. Carl Walker has removed from Asheboro to Thomasville, N. C.

A large quantity of phenacetin, being smuggled into this country by employees on the steamship Switerland, was seized at Philadelphia January 22nd. One man was caught in the act of removing it. The chief steward of the steamship is said to be representing a large New York syndicate that is flooding the country with phenacetin without paying duties. The drug seized was manufactured by Frieda Bayer & Co., of Elberfried, Germany.

Dr. J. D. Jenkins has removed from Penelo to Crisp, N. C.

Doc—"You should alk more; your jaw is becoming set. What is your occupation?"

Patient—"I'm an auctioneer."

Doctor—"Oh! Then you'd better get a job as a barber."—Ex.

A bequest of \$3,500,000 has been left to the Protestant Episcopal Hospital of Philadelphia, to provide for

the erection and maintenance of a home, where shall be cared for female orphan children, who may be convalescing.

AN AMERICAN MEDICAL POET.—Among the American medical poets about whom little is known, is Thomas Holley Chivers. He was a Georgia doctor, and the author of seven or eight volumes of verse, issued between 1834 and 1858. Mr. Joel Benton has recently called attention to him in *Collier's Weekly* as being the predecessor of Poe. It is not only the swing of his verse, says Mr. Benton, but the epithets of this bizarre poet that shows the mannerisms of Poe. Any one who has ever read Poe, and would then read the following verse from the poem called "Lily Adair," will see at once that though Poe was a better poet, he followed the style of the Georgia doctor:

Her eyes, lily lidded, were azure,
Cerulean, celestial, divine—
Suffused with the scul light of pleasure,
Which drew all the soul out of mine.
She had all the rich grace of the Graces,
And all that they had not to spare;
For it took all their beautiful faces
To make one for Lily Adair—
For my Christ-like Lily Adair,
For my Heaven-born Lily Adair,
For my beautiful, dutiful Lily Adair.

EXTRA DISPENSARY FACILITIES.—*Dispensary Patient to Medical Attendant.*
Can I hang my sealskin where it would be safe until you get done with me?

"Certainly, madam; kindly wait your turn and get a check from the superintendent."

"How long must my coachman wait?"

"He must stand in line until his number is called."—*Med. Record.*

Reading Notices.

"Paraldehyd" possess many of the good without the evil qualities of chloral. Used in Insomnia resulting from various causes. The objectionable taste of the chemical is, to a great extent, disguised in Robinson's Elixir Paraldehyde (see page 13) which is an elegant preparation.

SENNINE, THE NEW AMERICAN ANTISEPTIC. This product is composed of Boracic Acid and Phenol, and is unexcelled as a dry Antiseptic Dressing. The only perfect substitute for Iodoform, Carbolic Acid, Bichloride of Mercury, etc. It is *entirely odorless*, consequently preferable and is very highly recommended by the most prominent surgeons.

HOW TO TREAT A COUGH. Dr. Edwin Geer says in the *New York Med. Journal*: If constipation is present, which is generally the case, I find that small doses of calomel and soda open the bowels freely, and if they do not, I follow them with a saline purgative; then I give the following:

R Antikamnia and codeine tablets,
No. xxx.

Sig.: One tablet once every four hours.

"The above tablet contains four grains and three-quarters of antikamnia and a quarter of a grain of sulphate of codeine, and is given for the following reasons: The antikamnia has a marked influence over any febrile action, restores natural activity to the skin, and effectually controls any nervous element which may be in the case. The action of the codeine is equally beneficial, and in some respects enforces the action of its asso-

ciate. The physiological action of codeine is known to be peculiar, in that it does not arrest secretion in the respiratory or intestinal tract, while it has marked power to control inflammation and irritation. It is not to be compared with morphine, which increases the dryness of the throat, thus often aggravating the condition, while its constipating effect is especially undesirable."

LACTOPHENIN.—I have tried this new remedy as an analgesic in over eight hundred cases. In over one hundred of pneumonia I have had occasion to notice its effects, and the fact that it is a safe and speedy antipyretic. I cannot say too much of its soothing effects on the nervous system and of its general superiority above all other synthetic analgesics.

Recently I had occasion to prescribe it for a case of occipital neuralgia after all other remedies had failed, and the relief that was afforded was both speedy and permanent. I sometimes find it advantageous to combine it with caffeine.

One notable fact about Lactophenin is, that in no instance has it ever appeared to induce that blue, livid condition of the lips and face that so frequently succeeds upon the administration of acetanilid, antipyrin, phenacetin, etc.

In inflammatory rheumatism and in *la grippe*, in conjunction with quinine and salicylate of soda it is my sheet-anchor; in the former malady it is advantageously alternated with syrup of trifolium compound.—DR. J. C. DWYER, in the *Medical Age*, April, 1895.

NORTH CAROLINA MEDICAL JOURNAL.

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Original Communications.

QUADRUPLE AMPUTATION FOR RAILROAD INJURY.

BY R. L. GIBBON, M.D., Charlotte, N. C.

On the night of January 18, 1896, I received a call from Southern Railway passenger depot to attend a man who was very badly hurt, having been run over by a mail car. In company with Dr. J. P. McCombs, I responded to the call at once, and found the injured party lying on the floor in an eating house, his head on a pile of old bagging. The cursory examination showed both arms to be crushed almost to a jelly, the wheels evidently having passed over the hands and two-thirds of both forearms; the right leg and foot was in a similar condition, the mangled portion extending more than half way up the leg; the left foot was injured as high as the instep on the upper surface, the injury not extending so far on the plantar surface. There had been very little hemorrhage, and no doubt as a consequence the shock was less than would be expected. The patient was waiting for a train, so he stated, and with a friend was walking up and down the track. In the darkness neither he nor his friend saw the approach of a mail car, which was being backed up behind them. The car struck both the men, knocking one clear of the track, while the patient, who it is said, was somewhat intoxicated, must have fallen diagonally across the track, as only one truck passed over him, and he received all his injuries simultaneously. With the assistance of his friend he crawled out on his elbows and knees before the second pair of trucks reached him—the car was moving very slowly.

By the time he had been removed to the hospital, the evidences of shock

had become much more marked, and the prospect of his surviving the multitudinous operations which his mangled condition rendered necessary, became rather doubtful.

As rapidity meant a chance for the patient's life, and delay would necessarily result disastrously, the patient in all probability expiring upon the table, two additional medical men were called in, Drs. Pressly and Meisenheimer, and everything having been arranged, we proceeded to do simultaneous amputations of the arms and leg, there being two operators at the same time, each having his allotted task. By this wholesale amputating very valuable time was saved and the duration of anæsthesia reduced to a minimum. The operations done were as follows: Both arms were amputated just below the elbows, the right leg was amputated in the upper third, and a Chopart's amputation of the left foot was performed. At various points of the operation the patient seemed about to expire, but thanks to the careful administration of the chloroform by Dr. Pressly and the use of strychnine hypodermically we were able to avert an immediate fatal result. The patient was put to bed and the usual restorative means resorted to and with such success that by morning, he had completely reacted and expressed a determination to get well. The thermometer, however, showed a temperature of $104\frac{1}{2}^{\circ}$ Far. in the mouth and by evening the temperature had reached 105° Far. The skin was moist and cool to the touch always, but the temperature remained at this high point for three or four days, when it fell for a short time to $102\frac{1}{2}^{\circ}$ Far.

The case was terminated by death on the night of the seventh day. During the last few days his vital powers failed rapidly and his facial expression showed that peculiar, wide-awake restless appearance, which somebody has spoken of as "*Surgical scare*;" always an ominous symptom.

All the stumps did well excepting the right arm; here the amputation should have been above the elbow, according to that sound maxim in railroad injuries, which advises us to go high above the injured parts, and had the patient lived longer, quite a sloughing of the flaps would have taken place. At the time of the operation, however, and by lamp light, the tissues had no appearance of being injured, beyond a dislocation of the head of the radius.

MATERIA MEDICA INDIGENOUS TO NORTH CAROLINA.

BY THOMAS HILL, M.D., Goldsboro, N. C.

The three kingdoms of nature, Animal, Mineral and Vegetable, are annually contributing to the resources of the *Materia Medica*, and multitudes of valuable remedies are yet unknown or imperfectly explored.

Many physicians deny the right of members of the profession to deviate from the use of remedies brought forward by those whom they call authorities. I for one, believe that beneficent nature has placed a remedy for every disease, and he is the best physician who hunts it up and brings it to the notice of the profession, however humble may be the source from which it is obtained, and I regard it as one of the most important duties of the medical profession, to investigate truth from whatever source it may come, and in every proper mode to encourage the fullest and freest investigation by all. "The true science of Medicine is broad, liberal, and catholic in spirit, bearing and influence; it is bounded by no pathy, ism or special claims; nor is it bolstered up by self laudations, patents, or flaming advertisements, but with an honorable integrity, an acknowledged utility, dignity and respectability and promising future it moves on in the even tenor of its way."

When I first proposed to write on the indigenous remedies of North Carolina, I had no idea of the magnitude of the undertaking. It would take volumes even to mention the names. Why, it is said that within the compass of ten miles square around the city of Wilmington, there are more *medical* plants found than in any other ten miles of the globe. According to the statements of Dr. Thomas F. Wood, the number of species and varieties found in that section is 1206. Probably the largest concern in the world for the gathering of medicinal plants is at Statesville, N. C.—Wallace Brothers.

I will, therefore, confine myself to the mentioning of some of those to be found in the vicinity of Goldsboro, and even to do this I will have to give very little attention to the most of them, and only speak more fully of those used in my own practice. And to make my paper of more practical value and interest, I have endeavored to procure specimens of most of them, which I hope will be appreciated by the members of the Society—and in order to do this part of my work I must here acknowledge the valuable assistance which I have obtained from my friend, Dr. T. H. Merritt, who has kindly furnished me with a great many of the specimens.

Artemisiafolia—*Ragweed*—Grows in the cultivated fields, particularly following a crop of wheat. One of the most valuable hæmostatics. In hæmoptysis the leaves chewed and the juice swallowed arrest the hemorrhage almost immediately. In epistaxis, a tea made with an ounce of the leaves and a pint of water, taken cold, in the dose of a wineglassful every half hour, and a plug made by wetting the leaves and applying them in the nostrils is a specific. A few months ago I amputated the penis of a man for phagedenic chancre, and after cauterizing the arteries used the ragweed and arrested all hemorrhage immediately. In purpura hemorrhagica used in conjunction with tr. ferri muriatis, there is nothing better. In fact I consider it *the* hæmostatic.

Pyrethrum Parthenicum—*Fever Few*.—Cultivated as a garden herb. Tonic

and emmenagogue. A handfull of the herb in a pint of water and taken warm, is a common remedy for irregular menstruation. The cold infusion is a valuable tonic.

Achillæ Millefolium—*Yarrow*.—Another garden herb, is much used as a mild aromatic tonic, and particularly in low forms of exanthematous fevers, with difficult eruptions.

Artemisia Absinthum—*Wormwood*.—Used as an anthelmintic, and as a fomentation in bruises and local inflammations.

Sambucus Canadensis—*Elder*.—An infusion of the inner bark with hard cider a capital remedy in dropsy, especially that form following scarlet fever.

Lavandula—*Lavender*.—Useful in nervous debility, also as a stomachic.

Phytolacca Decandria—*Poke*.—This I consider one of the most valuable of our domestic remedies. In acute articular rheumatism the berries steeped in whiskey are invaluable. The root roasted and mashed makes a capital application to all indolent sores and ulcers. The tincture of the berries, if used in time, will abort an attack of mastitis almost certainly. Also an efficient remedy in catarrhal conjunctivitis.

Gentian Catesbei—*Sampson Snakeroot*.—An excellent bitter tonic. A compound infusion made with the root, orange peel and coriander seed and water, given before meals, invigorates the stomach, incites appetite, and prevents acidification of the food.

Serpentaria—*Virginia Snakeroot*.—Stimulating tonic, diaphoretic, or diuretic, according to the mode of administration. The disease for which I use it mostly is facial neuralgia. Fill a tobacco pipe with the powdered dried root and smoke it, blowing the smoke through the nose, and there are few cases of facial neuralgia but will yield in a few minutes, and I have known obstinate cases of the disease entirely cured. An infusion of the root with orange peel and peruvian bark is my standby as a tonic in convalescence after our continued fevers.

Vaccinium Crasifolium or *Repens*—*Running Whortleberry*.—One of the most valuable of the vegetable diuretics. In the fall of the year you have pale anæmic children with chronic malaria; quinine or arsenic has no effect; legs, faces, in fact the whole body, swelled and of a tallowy look, and feel. Put them on an infusion of the vaccinium, and then see how soon they will respond to your tonic remedies.

Liatriis Spicata—*Button Snakeroot*.—Stimulant, diuretic and expectorant, also anodyne, especially useful in colic, and said to be specific for the bite of the rattlesnake.

Dioscoria Villosa—*Wild Yam*.—A good nervine and anti-spasmodic. Used principally in bilious colic I have seen it control most severe and obstinate cases of this disease.

Ampelopsis Quinquefolia—*Virginia Creeper*—*Wild Ivy*.—Alterative.

Sanguinaria Canadensis—*Blood root*—*Puccoon root*.—Expectorant, sudorific and emetic. Dr. Branch of South Carolina employs it in croup, and by persisting in it until emesis is produced is of opinion that it prevents the formation of diphtheritic membranes.

Toxicodendron—*Poison Oak*—Certain persons possess peculiar idiosyncrasy with regard to this plant and handling it, or even coming in the vicinity of it, are attacked with an exceedingly troublesome erysipeloid affection, particularly of the face. I have found the best treatment for it, a solution of hyper-sulph soda, in peppermint water, 20 or 30 grs. to the ounce. Dr. Crawford, of Stockton, Cal., says he has adopted the general and local use of the tincture of iodine in the treatment of this trouble, with very satisfactory results. The fluid extract of the remedy is said to be efficacious in the treatment of nocturnal incontinance of urine of children, though I must say that I have found little or no benefit from it.

Hypericum Perforatum—*St. John's Wort*.—This plant bruised and made into a poultice and applied to wounds is of very great value. An ointment made from the juice of the fresh plant with lard possesses very decided healing properties when applied to old sores. In ancient times it was thought a decoction of the plant would cure demoniacs. It certainly does have some effect in hysteria.

Rhus Glabra—*Sumach*.—A perfect specific for mercurial salivation. A tea made from the bark of the root used as a gargle and wash for the mouth, I have found more efficacious in the treatment of this trouble than anything I know. I recently tried in a case of mild salivation the juice of the collard, and it had a good effect. I was led to try it from seeing salivation in horses, caused from eating clover, immediately arrested by giving the animal a handful of collard of cabbage leaves to eat.

Gossypium Herbaceum—*Cotton*.—An infusion of the root said to be good in amenorrhœa; though in my practice I have found it inert. Said also to produce miscarriage.

Antennaria Margaritaria—*Life-everlasting*.—An infusion used in fevers. A pillow stuffed with the leaves said to be good in cases of asthma.

Potentilla Reptans—*Fever Vine*—*Cinquefoil*.—One of the best of domestic remedies as a sudorific, also excellent to allay irritation of bowels in diarrhœa. Said to be a specific in typhoid fever, and I have found it valuable after using it many years. Dr. Hauser, of Bartoe, Ga., says that in a practice of more than twenty years he has never found anything equal to it in the treatment of puerperal fever, given in warm infusion ad libitum, till it produces full perspiration.

Eupatorium Purpureum—*Queen of the Meadow*—Valuable diuretic. Useful in stone in the bladder.

Asclepias Verticillata—*Silkweed*—*Milkweed*.—Reputed to be of value in snake-bite.

Eupatorium Perfoliatum—*Boneset*.—Used as a warm infusion, emetic, sudorific, and diaphoretic; cold, as a tonic and febrifuge. The most common of the domestic remedies for chills and fever, and bilious fever. Used very commonly through the country in the place of quinine.

Datura Stramonium—*Jamestown Weed*.—Narcotic and anti-spasmodic. Used principally in asthma, the dried leaves being mixed with nitrate of potash, and smoked in a pipe. If your horse has a sore back from saddle galls take a few of the fresh leaves, spread on the sore, and put your saddle on, and if you will continue to use them you will heal it. An ointment made by frying the green leaves in lard is a familiar domestic ointment.

Symphytum Officinale—*Comfrey*.—A garden plant commonly used for coughs and colds and pulmonary troubles.

Eupatorium Teucrifolium—*Wild Horehound*.—Tonic and diaphoretic. Useful in fevers.

Solanum Carolinensis—*Horse Nettle*.—Anti-spasmodic and nervine. Dr. Napier, of South Carolina, reported several cases of epilepsy cured with the tincture of the berries. I have treated four or five cases with decided benefit. It is said to be valuable in puerperal convulsions.

Urtica Urens—*Stinging Nettle*.—A very decided hæmostatic. Given in infusion of the root in menorrhagia it is valuable. Applied locally to a bleeding surface it causes arrest of hemorrhage by coagulation.

Passiflora Incarnata—*Passion Flower*, *Maypop*.—Dr. J. L. Phares, of New-tonia, Miss., says he has used this remedy for years in the treatment of tetanus, also syphilis and erysipelas. The whole plant may be used, gathered in May, or when it is in bloom. It must be pounded and the juice expressed through a strong cloth into shallow earthenware dishes, and dried rapidly in the shade. When dry reduce to powder and keep in closely corked bottles. The dose of the powder is from one to four teaspoonfuls, repeated pro re nata. For external use the whole plant may be boiled for an hour, then thrown out and the extract thus obtained boiled down to a proper consistency. Particularly valuable in tetanus of horses.

Chenopodium Anthelminticum—*Wormseed*—*Jerusalem Oak*.—Very commonly used as an anthelmintic. An infusion of the leaves and flowers given in the evening and followed by an active cathartic, usually very efficient—particularly in cases of round worms of children.

Rhubus Villosus—*Deeberry*.—A tea made from the root is a popular remedy for diarrhœa. Also used as a wash in stomatitis.

Gelsemium Sempervirens—*Yellow Jessamine*.—One of our indigenous remedies, the value of which has not been fully appreciated. Dr. Murray, Professor of Materia Medica and Therapeutics, in the Baltimore College of Physicians and Surgeons, says his attention was first called to the value of the remedy by Dr. E. A. Anderson, of Wilmington, by whom its anti-periodic

effects were first made known. That he had tried it, and that it was not only equal to quinine in breaking up the chain of morbid phenomena, which characterize intermittent fever, but that it is infinitely superior to that article in curing the disease.

Dr. Anderson says, "I have found it a most reliable agent in intermittent, remittent, and typhoid fevers; acute and chronic rheumatism; in inflammations of the lungs, pleura, and pneumonia. I have for several years used it almost exclusively in pneumonia, in place of varatrum, and consider it the very best agent in this disease. It is a valuable agent in whooping-cough; and particularly in the exhausting night-sweats of consumptives, controlling them better than any agent I have ever employed. Acute and chronic gonorrhœa is cured by gelseminum alone, with more certainty, than by any other agent I have ever used. The doses must be large, not less than 20 to 30 drops of the tincture, six times a day."

The doctor says the doses are as follows: "For an infant of one or two months, one drop, four to six times a day; for a child two to three years old, four drops; from four to six, five drops; from ten to twelve, eight to ten drops, and for an adult, twenty drops every hour until six doses have been taken. A long experience has taught me that not less than four, or more than six doses is the most certain mode of producing its full and satisfactory effects." The manner of preparing the drug is a saturated tincture of the fresh root in whiskey. I have found this much more satisfactory than the fluid extract.

Asclepias Tuberosa—*Butterfly weed, Pleurisy root.*—This is a certain and useful diaphoretic. In a work entitled the "Indian Guide to Health," I find the following: "Few articles in the Indian *Materia Medica* maintain a higher standing than pleurisy root. It acts as a mild purgative on the bowels, but it is more particularly inestimably valuable in producing expectoration or throwing off mucus from the throat or lungs, and in causing sweating when other remedies fail. This root possesses one remarkable power—given in proper quantities it affects the skin and produces perspiration without heating the body or increasing the circulation. It is a valuable article in diseases of the lungs generally.

Lobelia Cardinalis—*Cardinal Flower—Snakeweed.*—Snakeweed is a common plant growing along streams or river bottoms. It is an Indian remedy said to be of great value in snake-bite.

Palma Christi—*Ricinus Communis—Castor Oil Plant.*—This valuable plant thrives well and ought to be made a source of profit in this part of the State. There is no doubt but the cultivation of the plant could be made very profitable, particularly in neighborhoods where cotton seed oil mills are already established, as the same machinery could be used for grinding and pressing the seed and extracting the oil. The leaf of the plant is applied locally to promote the flow of milk, and as the country people say, to break the milk

when caked in the breast. The seeds put in the track of ground-moles, will exterminate these pests of the garden.

Thea Viridis—*Chinese Tea*.—I introduce the mention of the Chinese Tea not so much for the fact of its medicinal virtues, but to draw attention to the fact that it can be cultivated as a profitable money crop in this vicinity. There is now growing and flourishing in a private garden in Goldsboro, a bush of this plant, which has stood all the cold and freezes of this winter entirely unprotected. I have seen a specimen of tea grown in Sampson county equal, if not superior, to any imported. The preparation of the tea for market is very simple. The leaves can be gathered twice a year, carefully dried with fire heat and rolled or not, as preferred, then if you want a superior cup of the beverage "that cheers yet does not inebriate" take a handful of the leaves, scald out the tea-pot and add your boiling water, let stand to steep five minutes, then pour out and add your cream and sugar. Never boil tea.

Ilex Cassina—*Yaupon*.—According to the historian Lawson, "the savages of North Carolina bore this tea in veneration above all the plants they are acquainted with." They used it both as a purgative and emetic, and also as a blood purifier.

I am indebted to a lady for the following account of the mode of preparation etc., of the tea:

"The yaupon plant, tree, or shrub is, if I mistake not, peculiar to, and one of the aborigines of North Carolina. A plant evidently loving a salt atmosphere, as it appears to be indigenous to the extreme eastern portion of the State, the land and small islands lying along the coast, and known as the 'Banks,' though I have seen it in quite a thrifty and flourishing condition perhaps sixty-five miles from the coast—only one bush of it, however, which had evidently been transported. The Yaupon bushes vary in height from three to six feet. The leaf is small, thick, glassy, and of a dark green color. The Bankers gather it, stems and leaves, dry and parch it in pots or ovens, and make a tea of it which they drink at their meals in lieu of coffee or the tea of China. It is quite a palatable drink, especially if sweetened with molasses, and producing no bad effects upon the nerves of digestion. A handful of leaves and stems will make a pot of tea. The Bankers sell the cured Yaupon for 50 cents per bushel."

Nicotiana Tabacum—*Tobacco*.—Much has been written and spoken of the deleterious effects of the use of tobacco, but it is a little remarkable that every nation under the sun has some preparation or plant possessing peculiar narcotic, stimulating, or soothing qualities, and that these plants all contain an alkaloid of almost identical chemical constituents. The Chinaman has his tea, with theine, the Arabian his coffee with caffeine, the South American, his mate, the Turk his opium, the Eastern North Carolinian his yaupon, the American Indian his tobacco, all having the same physiological characters.

Tobacco is one of the common remedies of the country. Possessing narcotic, sedative and anodyne properties, it is a wonder that it is not more used as a medicine. The green leaf, wilted in hot water, I have found one of the quickest remedies we have for the relief of the violent pains of acute articular rheumatism.

Moderately taken it quiets restlessness, calms mental and corporeal inquietude, and produces a state of general languor or repose which has great charms for those habituated to the impression. Dean Swift says "he, who does not smoke, has either known no great grief or else refuses to himself the greatest consolation known to nature." What more beautiful picture of perfect content could be drawn than this:

"He smoked his pipe in the balmy air,
Every night when the sun went down,
When the soft wind played in his silvery hair,
Leaving his tenderest kisses there
On the jolly old pedagogue's jolly old crown;
And feeling the kisses, he smiled and said
"T'was a glorious old world down here below,
Why wait for happiness till we are dead?
Said the jolly old pedagogue long ago."

Society Reports.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

(Regular Meeting January 14, 1896.)

The following officers were installed for the ensuing year: Dr. Landon B. Edwards, President; Dr. Jno. N. Upshur, 1st Vice President; Dr. J. P. Massie, 2nd Vice President; Dr. J. W. Henson, 3rd Vice President; Dr. Mark W. Peyser, Secretary.

Dr. G. W. LeCato, invited guest, read a paper on the

CONTINUED FEVERS OF THE EASTERN SHORE OF VIRGINIA.

His remarks embraced mainly such views as were drawn from his personal observation. He believes that all the forms of continued fever prevailing on the eastern shore are of one origin and due to a uniform specific poison. They may be summed up under the title of *typhoid fever*, a specific disease, varying from time to time in many of its salient features, like other morbid entities, mainly as the result of peculiar local environments, systemic condition, and methods of treatment. This idea is admittedly true of most diseases.

According to his observation, we have, in the continued fever of to-day, as a rule, the prodromic malaise; the tendency to epistaxis and other hæm-

orrhages; marked sensitiveness of the bowel, in spite of constipation; the diurnal cycle of temperature; even rose-spots in some cases; occasional perforations of the bowel—in fact, the well-known evidences of a peculiar specific poison, expending its local force in the right iliac region, and in the presence of which our antiperiodic sheet anchor is worse than a delusion. Granted that in private practice we are not often permitted the post-mortem evidences of Peyerian inflammation and ulceration; so complete a picture leaves us little room to doubt that the fever of to-day is the genuine *enteric* of Geo. B. Wood, the *dothineritis* of Bretonneau, and the *typhoid* of Louis. It is true that in the present day we have more mild attacks and the symptoms generally are less severe; but how much of this depends upon a change in the intensity of the poison, and how much to withholding active medication is an open question. He has never recognized a typical case of Dr. Woodward's so-called *typho-malarial fever*; has never seen the two distinct types manifest themselves in the same individual at the same time, nor one run into, or consecutively follow the other. He has never known a case of so-called typho-malarial fever cut short or modified by anti-periodic treatment. He has been led to suspicion that the poisons of the two fevers are even antagonistic. The fashionable microbic theories as to the character of the typhoid poison, while they have enlarged our learning, have not greatly increased our practical wisdom.

Does the disease really depend upon a microbe? If so, what are the peculiar conditions of its generation? Where does it mainly inhabit—the food we eat, the water we drink, or the air we breathe? And what peculiar change of local condition will explain how and why the typhoid germ of to-day should have so completely supplanted the miasmatic germ of thirty years ago? These are all practical questions of the greatest importance to us as practitioners—questions for which we are vainly seeking answers, not only from our own observation, but from the scientific investigations of others; for, locked up in these mysteries are hidden the problems of prevention and cure. Medical literature teems with plausible theories; practically, the solution appears as remote as before. We know no more about it practically than did our fore-fathers, who considered it due to certain poisonous “humors” manufactured in the great laboratory of nature under laws of chemical affinity beyond their chemistry. He does not believe in the contagion of typhoid fever though it may be infections in a way. He thinks the application of the doctrine of Pitcairn “you may guide a fever; you cannot cure a fever” has not only gone a long way to make the fever of our day a milder disease than formally, but has really involved the explanation of our present success. As regards active treatment he has faith in a thorough, but careful, cleansing of the intestinal canal, and for this purpose he gives one or two small doses of calomel, followed by a saline and a large enema. He is old-fashioned enough to believe that calomel unloads the portal circulation, that it stimu-

lates glandular excretion, and that bile limits intestinal fermentation. An imperative necessity is the regulation of the diet, and the rule of giving no food that will not easily pass through the meshes of a fine seive is, at least, safe. He encourages the free use of water. He considers the Brandt method of cold bath as an awkward and bunglesome recourse for private practice. In this case we are apt to grow unnecessarily apprehensive in the matter of temperature, and lose sight of other indications hardly less important. It is undoubtedly true that high temperatures coincide with desperate conditions, but as to which may be the cause and which the effect is always a question of practical interest. For instance, an excessive temperature induced by a mass of fermenting milk-curds in the bowel could not be scientifically and appropriately treated with a cold bath. And it is wise in all cases of hyperpyrexia to investigate for any possible condition that may explain the rise of temperature with the hope of being able to apply treatment to the cause rather than the effect. When the patient begins to show signs of muscular prostration, and the heart's action is apparently failing his main reliance is upon strychnine in small doses and often. His doses of whiskey are smaller than they used to be and he expects less from it than formally. In insomnia opium brings much needed and grateful relief. This drug is also the best remedy in hæmorrhage where speedy control of peristalsis is necessary.

DISCUSSION.

Dr. Jno. N. Upshur said the paper was characterized by good, hard, common sense, and there was very little with which he could take issue. He is in accord concerning the germ theory; but believes typhoid is contagious as well as infectious, and refers to one case infecting every one who came into contact with her until twenty were affected. He believes he contracted the disease immediately from his mother. *Dr. Upshur* said he was interested in the statement that bilious fever had been replaced by endemic typhoid, on the eastern shore, and thinks it due to the removal of forests and consequent free ventilation from salt water; but he does not see why typhoid should exist there, taking into consideration the care taken with farm houses and surroundings. He is in accord with *Dr. LeCato* concerning treatment, especially with regard to strychnine.

Dr. J. S. Wellford said he was satisfied that there is such an entity as typho-malarial fever.

Dr. Arthur Jordan stated that in typhoid there were certain indications in the blood in the first week:—Absence of leucocytosis. In the second week, there is a leucocytosis, but it differs from that of other acute inflammations in that it is a lymphocytosis. In malaria, there is always the plasmodium. Therefore, it seems that a microscopic examination of the blood will demonstrate whether or not there is typho-malaria.

Dr. J. P. Massie inquired if *Dr. Jordan* meant the disease was a hybrid.

Dr. Jordan responded that the disease known as typho-malaria has not brought out any distinct appearance. Investigations have failed to show that the plasmodium and Eberth's germ are present at the same time and exerting at the same time, their specific influences.

Dr. W. S. Gordon thinks *Dr. LeCato* has arrived at the practical point. His studies have shown that where there is a dearth of civilization, there is malaria; but as soon as the country becomes settled and drained, typhoid appears. Therefore, we must look to civilization for the cause. It is hard to understand how two specific germs acting at the same time, can produce a modified disease. He grants that one can have two specific fevers at the same time; but why do we not have the specific manifestations of typhoid and malaria simultaneously. Chills may be seen in true typhoid. We are bound to the fact, that we must establish the main symptoms, e.g., recurring chill of malaria. *Osler* has established the fact that the so-called typho-malaria is typhoid.

Dr. Upshur brought up the question of contagion. If the disease is of germ origin, it must be granted that it can be conveyed by air or water. He is rapidly coming to the belief that it is a water-borne disease, and we must look to fluids as the carriers. *Dr. Gordon* referred to an epidemic occurring twenty days after partaking of water from a well he had condemned. Concerning treatment, he is of the opinion that in spite of *Pepper's* nitrate of silver and others, we have not yet arrived at any specific course.

Dr. Hugh M. Taylor stated that he had failed to observe in a typical typhoid fever, any manifestation to justify the suspicion that it was in any way related to malaria. Certainly, in his hands such anti-malarial remedies as quinine, not only did no good, but did harm. He thought everything tended to show that the term typho-malarial fever is a misnomer. He is wedded to the idea that the poison of typhoid is water—or milk-borne the exceptions being so few that they are not worth considering. As far as his observations go, there is very little well-manifested malaria in Richmond, and he does not think he sees one case of chills and fever a year; but we do have our share of typical, as well as atypical typhoid. As to the possible existence of two specific germs existing and operating at the same time in patients, he does not think it impossible. In exceptional instances in typhoid, there is developed an osteo-myelitis limited as a rule, in extent, with a strong tendency to symmetrical development, and to suppurations. Has the typhoid bacillus, under changed environments acquired pyogenic properties, or has there been created by the systemic depression of typhoid a *locus minoris resistantiæ*, and a suitable point for the lodgment and morbid action of pyrogenic organisms brought to the point of lessened resistance by the blood? It is known that one can have typhoid and pneumonia; can have the product

of the tubercular bacillus infected by pyogenic matter, and both will contain material potent for local and systemic injury to the tissues. Infective arthritis exceptionally occurs in connection with typhoid fever, as well as other specific fevers. This inflammation may, or may not, go on to suppuration. If it does, is the suppuration due to pyogenic properties assumed by the specific germ of the disease, or to pyogenic microbes imported from without and transported to the joint by the blood; or is it a result of the combined action of the two organisms? This is an unsettled problem, but in view of the fact that the typhoid bacillus, and the common bacillus of the colon have so many points in common, the doctor does not see why the typhoid bacillus may not under changed environment, assume pyogenic properties, as well as the bacillus coli communis.

Dr. Jacob Michaux asked, may not the disease be entirely distinct from either typhoid or malaria? He is very much disposed to believe it is a different affection, looking at it from either point of view.

In treatment, he thinks water is of great value in depuration; and he is surprised at the injunctions limiting it. It is the medium of exchange in the body, and plays a great part in elimination. Taken internally, or used locally, it acts upon the skin reducing temperature. Strychnine is a decided advance in treatment.

Dr. Upshur remarked that one may have typhoid in a malarial district, the latter impressing itself upon the case. Post-mortems show how malaria affects the ulcerations of the bowels, the edges having characteristics almost distinctive.

Dr. LeCato in concluding, said he was glad his paper had brought out so many points and had directed the discussion into such various channels. He remarked that each case of typhoid doesn't present all the symptoms, but taking them as a whole, we have a complete picture. Variations of exceptions do not vitiate the rule, and it is unfair to assume that because of a mild attack, the same poison does not lie at the cause. In his country, the prodromata are those of typhoid—slowly increasing temperature, tendency to hemorrhage, tympanitis, especially the latter. In these cases we have an accurate description of typhoid. He has never yet been able to learn that the germs of typhoid and malaria have been demonstrated to exist at the same time. He thought he had satisfied himself beyond cavil, that typhoid is water-borne, but late observations have shaken his belief. He cited a case in which the patient refused for two months to use unboiled water and had quarantined her residence, and yet she contracted typhoid. Other instances occurred in a house situated at the river's edge on a sloping bank, water being supplied by a driven pump thirty feet deep. Tenement houses were situated lower down. These escaped, while the former was affected.

NORTH CAROLINA MEDICAL JOURNAL.

ROBERT D. JEWETT, M.D., EDITOR.

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Secretaries of County Medical Societies in the Carolinas are asked to furnish condensed reports of their meetings to the JOURNAL.

All communications, either of a literary or business nature, should be addressed to, and remittances made by P. O. Order, Draft or Registered Letter, payable to ROBERT D. JEWETT, M.D., P. O. Drawer 825, Wilmington, N. C.

Editorial.

Wilmington City Hospital.

Dr. W. W. Lane, superintendent of the Wilmington City Hospital has presented his fourteenth annual report. This report shows that there have been treated at the institution, during the past year, 224 patients, of which number 43 were pay patients. The affections for which these 226 patients sought relief comprise quite a long list of diseases. Among these we find 47 cases of malarial fever, but not one of typhoid. Among the operations performed we notice amputations for railroad injuries, operation for cataract, laparotomies, hysterectomies, resections of bone, beside various minor operations. Among the 43 pay patients there were two deaths—among the 183 charity patients there were 26 deaths. The causes of death are not stated.

The report calls attention to various improvements which have been made during the year, chief among which is the method of heating the pay ward. The Doctor also calls the attention of the Hospital Board to a number of desired improvements, some of which are absolutely necessary to the proper conduct of the institution. His recommendations should by all means be carried out, and while the Board of Managers should see that all extravagance in the expenditure of the hospital funds should be avoided, there should be no stinting in providing these things which are necessary for the welfare and comfort of those unfortunate ones who are compelled to seek relief within the hospital walls. We believe that it is the unanimous wish of the tax-payers, whose money goes to support the hospital, that the in-

stitution should be a charity, not merely in *name* but in *reality*, and that no word of complaint would be uttered by them for any expenditure that was considered necessary by the surgeon in charge and the physicians who freely give their time and services to the poor who are sick there. If it is well that we should care for

the sick poor at all, it would be better that we make that care as successful as possible. Let those things which will add to the comfort of the patients and to their chances of recovery be provided and if the appropriations are not sufficient to cover these expenses increase them, and no citizen who has a spark of human charity in him will make complaint.

Reviews and Book Notices.

An American Text Book of Surgery. For Practitioners and Students. By Charles H. Burnett, M.D., Phineas S. Conner, M.D., Frederic S. Dennis, M.D., William W. Keen, M.D., Nicholas Senn, M.D., Francis J. Shepherd, M.D., Lewis A. Stimson, M.D., William Thomson, M.D., J. Collins Warren, M.D., and J. William White, M.D. Edited by William W. Keen, M.D., LL.D., and J. William White, M.D., Ph.D. Second edition, carefully revised. Price, cloth \$7.00, sheep \$8.00, half Russia \$9.00. For sale by subscription only. W. B. Saunders, Philadelphia. 1895.

The first edition of this work was published in the latter part of 1892, and was the first of a series of text-books which are among the most important publications in the medical world. The three years during which this work has been in the hands of the profession have been marked by a continued progress in the science and art of surgery. New theories have been advanced, and new operations devised, the real merit of which time and experience must prove. The popularity of this text-book during the short period is attested by the fact of its having been adopted as a text-book in upwards of sixty medi-

cal colleges in this country, and besides this its excellence has been acknowledged by large purchases by foreign dealers. No indication of the authors of individual chapters is given either in the table of contents or in the body of the book, but the list of authors given on the title page is an assurance that the work is a thoroughly reliable exponent of the best surgical teaching in America.

Among the new matter introduced in the present edition is a section on the effect of modern small-arms in military surgery; one on Acromegaly; the use of Murphy's button in intestinal anastomosis; the consideration of retroperitoneal tumors and castration for enlarged prostate; a chapter on symphyseotomy; and Schede's operation for removal of the chest-wall in old cases of pleurisy. In writing of castration, or as the section is headed "double castration," for hypertrophy of the prostate, the author says while "the operation must be regarded as still on trial so far as accurate choice of cases and precise prognosis are concerned"

..... "it may safely be said that it is likely..... to have a lower mortality, is far easier of performance, requires a much shorter period of anæsthesia, and when fully successful secures a return to a condition more closely resembling the normal than any of the other operations looking toward a radical cure of the hypertrophied prostate."

Many of the illustrations have been redrawn and we are pleased to see that the cuts of surgical instruments are not used as an advertisement of the makers but due credit is given at the end of the index.

Pregnancy, Labor, and the Puerperal State. By Egbert H. Grandin, M.D., Consulting Surgeon to the New York Maternity Hospital, etc.; and George W. Jarman, M.D., Obstetric Surgeon to the New York Maternity Hospital; Gynæcologist to the Cancer Hospital, N. Y., etc. Illustrated with forty-one original full-page pho-

tographic plates from nature. Royal octavo, pages, viii, 261. Cloth, \$2.50 net. Philadelphia: The F. A. Davis Co., 1895.

The scope of the volume in hand is just what is signified in the title. It is divided into three sections—Pregnancy—Labor—The Puerperal State. Section 1. starts out with the diagnosis, duration and hygiene of pregnancy. The author assumes that the student of this branch has been prepared upon anatomy, physiology, embryology and pathology, and so the volume is not burdened with these subjects. The subject is thoroughly discussed upon the basis of clinical experience, and in points where differences of opinion exist preference is given to the view of the majority. The book is freely illustrated by full-page half tone engravings from nature, and the numerous old cuts have been omitted. A useful and well written book.

Correspondence.

THE STATE SOCIETY.

Oh, wad some power the giftie gie
us
To see oursel's as ithers see us
It wad frae monnie a blunder free
us
And foolish notion.

The editorial in the NORTH CAROLINA MEDICAL JOURNAL for January 5th, headed "The State Society," is calculated to set one thinking. To remedy an evil the cause should first be carefully sought, and once found

corrected. A failure to find should not discourage; diligent and earnest effort is always rewarded by ultimate success.

It was the writer's fortune to read medicine in the office of one of the founders of the Society. If we are not mistaken, the object actuating the founders was the elevation of professional tone and the spread of professional knowledge, which at that time could best be done by the Society. It moreover gave the reading public an opportunity at that time,

(the newspapers always furnished a special reporter at each meeting whose duty it was to give a report of the proceedings) an opportunity to differentiate between the capable and progressive professional men, and the self satisfied plodders. Then came the first medical law with its mild restrictions, in effect simply giving licentiates of the Board of Medical examiners a preference in the collection of bills and placing their accounts upon the same dignity as notes.

This law was a great compliment to the integrity and honesty of the profession and for a long time satisfied the doctors.

The first effect of the Society upon the profession was very gratifying, so far as being a means of developing and making prominent its brainy members. In the period just preceding the war our State could boast of a greater galaxy of professional talent than any thinly settled State in the Union.

Dr. Holmes, of Sampson, following close in the footsteps of the great McDowel, of Kentucky, was doing successful ovariectomies; Dr. Pittman, of Tarboro, doing lithotomies, the elder Strudwick was prominent as a general surgeon and rivalling the distinguished Mattauer, of Virginia; Drs. Johnson and Haywood, of Raleigh, Jones, of Charlotte, Thomas, of Wilmington, and a number of others had State reputations as general practitioners. Dr. Bedford Brown was making the first physiological experiments to ascertain the effect of chloroform upon the cerebral circulation; Edward Warren was commencing to gain prominence; Dr.

Chas. Duffy, Sr., of Onslow, was doing tracheotomies and various other surgical operations with a success unsurpassed by any.

The development of these men and a number of others was largely due to the spirit of emulation engendered by the Society. The war came and with it the operations of the Society were suspended for five years. When the Society was reorganized the profession was confronted by personal and individual poverty. A spirit of restlessness and dissatisfaction soon became manifest, induced largely by competition from one course men, badly educated physicians, and travelling mountebanks from other States who found this State a fine field for gathering money.

Instead of trying to become better doctors and holding up each other's hands the idea became widespread that the remedy was in legislation. The writer was as much imbued with this opinion as any. Effort after effort was made to get more stringent legislation until to-day we see power delegated to the North Carolina Board of Medical Examiners that no State had ever before delegated to a like body of men. The State Society comprises not over twenty per cent. (*sic*) of the medical men of the State, yet the State has delegated to them the privilege of electing from their own members a Board of Examiners who have the power to set up their own standard as to what qualifications a doctor should possess before he should be allowed to practice medicine in the State. They are responsible to no one, certainly not to the State for the faithful performance of

their trust. The law does not even require them to take an oath of office.

Their function is ostensibly the protection of the public from ignorant practitioners. This board not only has the power to say who shall practise, they also have the power to tax those whom they examine and apply the money to their own use. This is a very lame thing on the part of the State. If it is the duty of the State Board to protect the people of the State, the State should pay them for their services and not allow them to exercise the taxing powers of government. The doctors now pay a tax to the State and it is quite a hardship that the young men should be required to pay more than one tax.

In electing a member to the Board of Medical Examiners the Society pays him a very high compliment, a compliment very few members ever refuse. Be it said to their credit the official conduct of the various boards has always been commendatory. We doubt if ever any set of men ever did so well for so long a time. Would any other profession have done as well? We think not. Doctors, while they exhibit very little practical financial sense, can always be relied upon in questions involving a high moral tone.

When the news papers sent special reporters to the Society meetings, since the war, they were men whose education was so limited that when medical topics were under discussion they sat as people stupefied. However good a paper was read it was dismissed with a single line (Dr. A. read a paper), the readers of the news not knowing whether the paper

referred to was an essay of his own production or not. But when the chronic motion maker got on his feet the reporter was in his glory. The whole motion was printed in full as well as everything everybody said who spoke to it. The popguns were in glory; all their friends could see how prominent they were in the councils of the Society. The men who wrote papers were at a discount, so far as the outside world was concerned, and were discouraged.

The newspapers of this State have lately been circulating the sayings and opinions of certain Richmond doctors on the subject of appendicitis in such a manner as to make one believe they possessed a vested right to all knowledge concerning said affection. In this manner these Richmond doctors become better known to our people than any of our home doctors and get their patronage. What are we going to do about it? If newspaper reports of the Society meetings were confined to the giving of abstracts of the papers read on professional subjects and discussed, the men who do the actual scientific work would reap, in a measure, the reward of their labours and be encouraged to do more and better work. The Press of the State would find out that North Carolina doctors know as much as the average doctor anywhere, and they would not be perpetually blowing outside parties to the detriment of their own people.

While not a member of the Society, no one feels a deeper interest in its welfare and progress. Many of the men we like best are members. We left it because of the code which we

violate every day by keeping a standing advertisement of our institution in the newspapers. The offence might have been condoned had we remained. To stay in a church and break its rules does not show proper respect for the organization. To remain and attempt to change the rules to conform to our individual opinions, is a piece of baseness we could not stoop to.

The loss of membership in the Society since 1890 we do not think can be ascribed to the fact that its licentiates do not get their license until they return home, or that they must be registered before they are eligible to membership.

The men who have passed the Board in the last few years are certainly better qualified to practice medicine than the majority of those who passed years ago, and have been in continuous practice ever since; they are better informed. This is the class of men in all callings who are the most ambitious and most energetic. It looks as if they should desire membership if it was advantageous to them. There is a wide spread belief that membership is of no advantage. Why such a belief is prevalent we do not know. It can be of no disadvantage unless one proposes to do the kind of work we are doing when it becomes a necessity to use the public print for advertising purposes. While we can't, under the circumstances, become a member of the State Society we desire to see it made so attractive to the younger members that they will join and help push forward the cause so nobly begun several years ago, and which

yielded such brilliant results in the development of noted doctors.

I know personally that the great mass of the people of the State place a high estimate upon the State Society and it is a matter of pride with them to know their doctor belongs to it.

[We do not desire that Dr. Hyatt's letter shall go on record without some few words in reply. There is, without doubt, a strong and increasing contingent of young men in the Medical Society of North Carolina, who are hard at work to keep up the standard of excellence of that honored body. Their zeal is amply reinforced by good education and sturdy intellect. They are not self-seeking or vain-glorious; they ask no newspaper puffing to make known their claim to superior worth, neither do they need it. They represent in themselves the good work that the Board of Examiners have done, inasmuch as they come from the colleges that one and all raised their standards of teaching, as well as lengthened the time of study since State Boards of Examiners have required of their graduates evidences of more thorough training than was the rule but a few years ago.

Dr. Hyatt objects to the fee that is charged each applicant and ignores the fact that this is the universal custom of examining boards. We do not suppose he would imply that the money which has been collected has been misspent, although he says this money has been 'applied to their own use.' This is an unfortunate expression, to say the least. The

books of the Treasurer of the Board (and, by the way, this officer is required to give a justified bond) are open for the inspection of any interested person. The disbursements have been made to cover the expenses of travel and hotel bills incurred by members of the Board. This is only right and proper and is provided for by the statute. The fee paid by an applicant cannot be regarded as a tax any more than the fee paid can by a vessel to the quarantine officer when he makes an inspection to determine whether her entrance into the port would jeopardize the lives of our people. The small amount which is allowed the members of the Board for their services is surely well earned money. The sessions of the body begin on Monday and are practically continued for the rest of the week. We know or a certainty that if the work is conscientiously done it is no child's play, and thus far it has been performed honestly, without fear or favor. These gentlemen give up a week of their time to this work, and it is no vast statement to say that each of them loses by his absence from his practice, three or four times as much as he is paid, railroad and hotel fare included. As much may be said of the pittance paid to the members of the Board of Health, except the salary of the Secretary, and he earns twice every dollar that he receives. We cannot believe, then, Dr. Hyatt meant all that his words implied, nor do we doubt his interest in the work of the Board, considering the complimentary expressions he uses in speaking of the members.

It is best, then, we submit, that no

tampering with the medical laws be indulged in. The young men may have to wait a year before they join the Society, but really this is no hardship. As matters stand now they are mentally and physically worn out when the examinations are over, and are in no mood, as a rule, to enter into any new work. The doors of the Society stand open to them and there is always a welcome awaiting them.

The honors of the Society, the benefits that accrue from association with its members, the opportunities for exchange of ideas, often-time a barter of great value—all these ought to tempt the young men who begin practice to align themselves in the ranks where the great and revered dead found pleasure and profit, and where their contemporaries are striving for the good of the profession of their adoption. The organization has given ample evidence of the fact that it has worked with satisfying results for the betterment of the profession, the elevation of the standard of medical education and an increasing and pleasing *esprit du corps*. It has given to the State its Board of Examiners, and their work stands for itself, and has been the example by which other States have modeled and started similar work. It has originated the State Board of Health, an organization that is doing good work, and only needs a more generous appreciation by the law-makers to do still better. It is the fostering element in the State of all the best and most progressive work that is done in the profession, and if the names of Holmes, of Sampson, Strudwick, of

Orange, Haywood, of Wake, and Thomas, of Wilmington, stand out as models of excellence for the rising generation, this generation is doing many times over the work of their predecessors and doing it well. We can have no quarrel with the Richmond doctors, if they want to get into the newspapers, and we cannot blame them and then urge a like course to make good our wants. Let us remember that reform and revolution make their impress for good by many slow, and may be painful, steps, but the good will come, and is constantly coming.

We wish Dr. Hyatt could see his way back into the fold where he belongs by right of his intellect and attainments and by his ability to help along the cause for which he claims, and we believe he has, so great a respect. But don't touch the laws now. The time is not propitious for generous amendments, and the work is, in the main, satisfactory. The people

are convinced that the Boards of Examiners and of Health are earnestly striving for their protection, and in good time, those of us who have watched the signs of the times, and we are very glad to include Dr. Hyatt in the list, will see the Medical Society of North Carolina set up as one of the factors that go to make the commonwealth a great one. For ourselves, we are proud of all that has been done, of our history as pioneers in the matter of State licensing Boards and the work of the health authorities, as well as the general and increasing excellence of the proceedings of each session of the Society, and as we rejoice in these things, we believe also that our people are of the best of the earth, and we feel assured that they will, in good time, uphold to the fullest extent every effort (which will naturally include the efforts of the Medical Society) that is to promote the welfare and good name of our dear old Mother State.

G. G. T.

Abstracts.

POISONING BY WATER-PARSNIP.—Dr. Hermann Grad (*Pediatrics*) reports two cases of poisoning by *cicuta maculata*, or water-parsnip. Two boys, aged respectively 15 and 13 ate of some roots which they found in a swampy place and supposed to be parsnips. In about a half hour both boys felt nauseated, and the elder, who had eaten more than the younger vomited slightly. They sat down upon the grass to rest, and there they were

found and taken to the hospital, which they reached in about three and a half hours after eating the roots. On admission the elder one was unconscious; his face and lips pale; the pulse full and slightly accelerated; the breathing deep and noisy; and the muscles of the face violently twitching so that his mouth at times would be drawn together to very small limits. The face would become deathly pale, and the skin covered

with a cold perspiration. Suddenly the twitching would cease but in a short time the fingers would again begin to move, and with extreme rapidity the convulsion would become general. The head would be drawn backwards; the breathing entirely suspended, the pulse feeble and at times imperceptible, and the mouth and nostrils covered with a froth of a strawberry color. He had three convulsions in about thirty minutes, the last one lasting a considerable time longer than the other two. He died soon after the third convulsion. In the younger vomiting was produced by the aid of an emetic, and he recovered rapidly. He had no convulsions, but slight twitching of the face muscles. The root was planted, grew and produced flowers and branches and was then identified as *cicuta maculata*.

TREATMENT OF EMPYEMA IN CHILDREN.—Dr. Joseph E. Winters (*Archives of Pediatrics*) has given a brief resume of the treatment of empyema in children, in which he has considered only matters of capital importance. When we have proved the existence of pus in the pleural cavity, surgical aid should be promptly invoked for its removal. The indications for treatment are removal of pressure from the lung and perfect drainage with antiseptic precautions. The object of treatment is to remove the pus, to prevent re-accumulation, to procure complete re-expansion of the lung, and to leave behind no deformity. The emptying of the pleural cavity at the time of operation is not due to the action of gravity, but

to forcible expulsion of the pus by the expansion of the lung and the pushing up of the diaphragm. Repeated aspirations, or any withdrawal of the fluid before making a free incision, by diminishing the tension, renders the expulsion of the pus less forcible, and immediate expansion of the lung is less complete. The incision should be made at least two inches above the base of the lung, as, if made lower, the elevation of the diaphragm might interfere with drainage. The anesthesia should not be too profound as the expiratory effort in coughing or crying would assist in the expulsion of the pus.

At the time of the operation the needle of an exploring syringe should be passed into the pleural cavity, and if pus is found the needle should not be withdrawn, but be left as a guide for the scalpel. The incision should be at least two inches long in order to allow rapid and complete emptying of the cavity, and removal of coagulated exudates. The patient during the operation should be placed close to the edge of the table on the affected side. It is not only safer for the patient that he should remain on the affected side while under the influence of an anæsthetic and during the operation, but this position also favors the more complete immediate emptying of the pleura. Having emptied the cavity as completely as possible by our free incision, by exciting coughing and crying, if coagulated exudates have not been expelled, careful irrigation of the cavity may be made in order to insure complete removal of these masses. Some consider irrigation at the time of the operation

dangerous, but with our patient on the affected side, irrigation by means of hot water temperature of 125° or 130° cannot have a prejudicial effect, and in some instances seems to have a stimulating effect on the heart and circulation. Immediately after the opening of the cavity, a teaspoonful or more of whiskey, undiluted, should be given to the patient, not only for its stimulating effect after the chloroform, but oftentimes, most of all, to excite coughing and crying. In all recent cases of empyema in young children, it seems to me that with free incision, at least two inches in length, careful complete emptying of the cavity, and removal of coagulated exudates, we meet all the indications that are obtained by rib resection, and avoid some unquestionable objections to it. The main factors which lead to the obliteration of the cavity are, first, expansion of the lung; this is the most important, and also the most efficient, aid in procuring proper drainage. Second, the ascent of the diaphragm. Third, the falling in of the chest wall, not to be desired before the lung has regained as much of its expansion as possible. The great object of treatment is rapid and complete re-expansion of the lung, and while rib resection is necessary in neglected cases, it is unnecessary in recent cases. It is important during convalescence to adopt exercises for the expansion of the lung. Massage with passive chest movements is especially valuable. Forced expiratory effort, as by blowing on a wind instrument, tends to drive air into the retracted lung.

TREATMENT OF EPILEPSY.—Lui (*Rev. sper. di Freniatr.*) has been trying the treatment of epilepsy advocated by Flechsigs and Bechterew. Three cases were treated by Flechsigs's method, which consists in a preliminary course of opium in gradually increasing doses up to 1.15 grn. of the extract daily, followed by bromides, 7.5 to 8 grn. daily. During the opium course two of the patients had a slight lessening in the fits, while in the third they became much more frequent and intense, so that instead of having two or three a week he had five or six. Severe opium intolerance set in in one case, so that the drug had to be discontinued for a week. With the commencement of the bromide the fits ceased at once, and in one case have not reappeared after four months; in the two other cases the fits reappeared after two months, but much reduced both in frequency and in severity. Bechterew's method—the simultaneous administration of bromide and adonis vernalis and codeine—was tried in ten cases, and with diminution of the fits both in intensity and duration in each case. With this method there is none of the inconveniences that are liable to arise from opium intolerance, and on the whole the author is inclined to prefer Bechterew's method. He has little faith in the borax treatment of epilepsy. Guiccardi, in the same review, gives an account of more cases of epilepsy treated after Bechterew's plan. The author concludes that the good effects which follow are due to the bromide and not to the adonis or codeine. It appears to be better

borne than simple bromide, and does not produce any ill effects, moreover, the tonic effects on the vascular system due to the adonis. Bechterew's treatment may have an advantage over the ordinary treatment in cases which there is cardiac debility.—*Am. M. S. Bulletin.*

CARE OF THE EAR DURING THE EXANTHEMATA.—Walker Downie (*Journal of Laryngology, Rhinology, and Otology*) states that of 404 cases of *otitis media suppurativa* in children the cause in about 60 per cent. was fairly determined to have been measles, scarlet fever, whooping cough, mumps, or teething.

From the very beginning of the illness, where there are any catarrhal symptoms, the patient should be directed to use the handkerchief frequently and strongly, the object being to clear the nose and naso-pharynx of muco-purulent products, and so prevent them from settling and decomposing around the Eustachian orifices, through which infection of the ears takes place. If the child cannot do this efficiently, the Politzer inflation bag should be used. The quantity of secretion dislodged and thrown into the mouth by this means is astonishing. When there is dullness of hearing or pain in the ears, resort to inflation should never be delayed.

When the pain in the ears is acute, and should immediate relief not be obtained from inflation, and especially if there is a sudden rise of temperature without other explanation, the tympanum should be punctured without delay. Have the head se-

curely held; have the membrane brightly illuminated; use an arrow-shaped paracentesis knife with a shoulder; puncture the tympanic membrane in its lower and posterior part. The operation not only relieves the immediate pain, but saves the deeper structures of the ear and prevents the misery of a chronic otorrhœa with its attendant risk.—*Archives of Pediatrics.*

OPHTHALMIA NEONATORUM.—This disease is received by the child either in the interval from the time of the rupture of the amnion to expulsion from the vulva, or after delivery, by touching its eyes with unclean hands. The questions arising are, shall we render the vaginal secretions innocuous by universal irrigation, or by the selection of suspected cases; or shall we inject each infant's eyes following delivery, or treat the infection on its appearance? Prophylaxis in the mother is the ideal. Irrigation is not, however, free from disadvantage. Therefore, it is not fair to make the innocent suffer, unless the sacrifice is much less than the benefit. A healthy woman will not affect the infant's eyes. My custom is to irrigate with a warm bichloride solution of 1.3500 when the mother has leucorrhœa, gonorrhœa, or any ulcer, abscess, or abrasion. This is done in the stage of labor, and is repeated every four hours in prolonged labors, using an antiseptic oil composed of olive oil, 95 per cent., and oil of cassia, 5 per cent.; as an offset to the chief evil of irrigation—the washing out of the mucus secreted in labor. Children born of women so treated do not need

injection of nitrate of silver, but should have the eyes washed with soft cotton dipped in a boracic acid solution. If we are in doubt as to a patient, it is the least evil to employ the vaginal irrigation. In cases of gonorrhœa, the child's eyes should be treated after Crede's method, in addition to the irrigation of the mother.—*Archives of Pediatrics.—Practitioner.*

DIABETES MELLITUS IN CHILDHOOD. —Wegeli (*Archivats Kinder beskunde*) collected 108 cases from the literature which was tabulated. A review of the table shows that forty-eight of the patients were females, forty-seven were males, and of the remaining thirteen the sex is not stated. The age of six was not given. Three were under one year; twenty-six between one and five years; thirty-one between five and ten years, and forty-two between ten and sixteen years. Traumatism was supposed to be the cause in eleven, unfavorable hygienic surroundings in seven, severe illness in four, difficult dentition in two, taking of cold in two, over-exertion in two. Poverty, fright, worry, convulsions, are all considered causes. Heredity and a neurotic family history play an important rôle in the etiology. In twelve cases the parents or near relatives had diabetes. In two cases the father had syphilis.

The symptoms in children are very similar to those met with in adults. The amount of urine passed in twenty-four hours, as a rule, ranged from one and one-half to fourteen pints. In two, the amount was ten quarts. One of these was a fourteen-year-old

boy; the case was fatal. The other was a ten-year-old boy who improved under treatment. The largest amount passed in twenty-four hours was twelve quarts. The patient was a fifteen-year-old boy. The illness was of twenty-one months' duration. Death resulted from general tuberculosis. In this case, 1240 grammes was the amount of sugar voided in twenty-four hours. The urine was examined for albumen in twenty-eight; in thirteen it was present. It usually appeared a short time before death.

An important and, for the prognosis, an unfavorable symptom is the presence of acetone in the urine. This was found in nineteen of the author's cases and was followed by death in nearly all.

An important symptom was discovered by Ebstein, who found in the urine drawn from a girl while in diabetic coma short, thick, granular cylindrical casts. Kulz and Aldehoff found similar casts in twenty cases who were in diabetic coma. They were only found a short time before the convulsion, and are considered by the author as an important sign of threatened attack. The prognosis is most unfavorable.

Among the 108 cases, sixty-nine died. Of the remaining ones, not all are to be considered as having recovered, for many passed from under observation and were lost sight of.—*Archives of Pediatrics.*

When writing to advertisers please mention this JOURNAL.

Therapeutic Hints.

THE CUTANEOUS IRRITATION OF MEASLES, ETC.—Balsam of Peru is a useful addition to many ointments, both on account of its pleasant odor and because it is in itself a valuable non-irritating antiseptic. When added to vaseline it is much more readily mixed if a few drops of alcohol or castor oil are added. The following may be recommended to allay the cutaneous irritation of measles, chicken-pox, etc;

℞—Lanolini puris, 3 j.
 Vasellini, 3 iij.
 Ol. ricini, m iij.
 Aq. dest., 3 v.

Ft. ung.—Sig. Apply as required.

Preparations of vaseline or parolene can have a pleasant odor given to them by the addition of a few drops of oil of wintergreen.—*Practitioner*.

TAPEWORM.—Dr. I. H. Newington was giving a patient a mixture containing hydriodate of potassium, gr. 36; iodine, gr. 12; water, oz. 1; ten drops three times a day. The patient unexpectedly passed a dead tapeworm of which there had been no previous symptoms. He tried it in several cases afterward and it proved successful.

SYPHILITIC ALOPECIA.—After cutting the hair short Fournier orders the scalp to be well washed with sapo viridis and hot water every morning, and the following them well rubbed in:

℞—Acidi salicyl. gr. xv;
 Sulphuris precipit. 3 ss
 Lanolin
 Vasellini aa 3 iv. M.
 —*Quar. Atlas Dermatology*.

OTITIS EXTERNA OR MEDIA.—Dr. E. Meniere.

℞—Water 60 grams
 Laudanum 4 to 8 “
 Boracic Acid 2 “
 For external use.

A teaspoonful of this mixture is heated over a lamp or candle. When sufficiently warm, without being hot enough to scald the tip of the finger, the liquid is poured into the ear, the patient being ordered to bend his head toward the other side, and to keep it in for from ten to fifteen minutes. To empty it out, the patient covers his ear with a napkin or handkerchief and shakes his head gently, bending it over toward the injured side. This procedure may be repeated as often as required to allay the pain.—MENIERE.—*The Lancet*.

BRONCHITIC ASTHMA.—

℞—Potassii iodidi 3 ij;
 Ammon. carb. 3 i;
 Tinc. lobeliæ 3 ij;
 Sp. chloroformi 3 iv;
 Vin. ipecac 3 i;
 Infus. senegæ q.s. ad 3 vi.

M. Sig.—A tablespoonful in a wine-glass of water every four hours.—*Amer. Med. Review*.

LOCAL ANESTHESIA.—By this method the anesthetic property of cocaine is reinforced by the addition of morphine, sodium chloride, and carbolic acid to the solution. Schleich uses three different solutions, called respectfully strong, medium, and weak. These are:

℞—Cocain hydrochlorate 3 grs.
Morphin hydrochlorate $\frac{1}{4}$ gr.
Sodium chlorid 3 grs.
Distilled water 3 ozs.

Mix. Sterilize and add of a 5 per cent. solution of carbolic acid, 2 drops. Label.—Anesthetic solution No. 1.—Strong.

℞—Cocain hydrochlorate $1\frac{1}{4}$ grs.
Morphin hydrochlorate $\frac{1}{4}$ gr.
Sodium chlorid 3 grs.
Distilled water 3 ozs.

Mix. Sterilize and add of a 5 per cent. solution of carbolic acid, 2 drops. Label.—Anesthetic solution No. 2.—Medium

℞—Cocain hydrochlorate $\frac{1}{4}$ gr.
Morphin hydrochlorate $\frac{1}{8}$ gr.
Sodium chlorid 3 grs.
Distilled water 3 ozs.

Mix. Sterilize and add of a 5 per cent. solution of carbolic acid, 2 drops. Label.—Anesthetic solution No. 3.—Weak.

The solution is injected into the

skin, not beneath it. The local anesthesia lasts from two to twenty minutes. The small quantity of cocaine contained in these solutions makes it impossible to use a poisonous dose. This method is said to be decidedly superior to the usual way of using cocaine hypodermically.—*Atlanta Med. and Surg. Jour.*

ARTICULAR RHEUMATISM.—After rubbing the joint with chloroform liniment, Dr. Pepper wraps it in cotton wool. Absolute rest in bed is enjoined with woollen underclothing throughout. If the crude salicylates are not well borne he gives:

℞—Sodii salicylatis $\frac{3}{4}$ ss;
Spts. ammon. arom. $\frac{3}{4}$ i;
Elix. calisaya ad $\frac{3}{4}$ v.

M. Sig.—A teaspoonful every 3 hours.

A GOOD GENERAL TONIC.

℞—Liq. ferri citratis oz. j.
Tinct. gentianæ comp.
Tinct. cinchonæ comp. aa oz. iss.
Strych. sulph gr. j.
Pepsin dr. iss.
Syr. acidi hydriodici oz. iijss.

M. Sig.—Take a teaspoonful after each meal, in wineglass of water.—*World.*

OFFICIAL LIST OF CHANGES IN THE PUBLIC SERVICE.

MARINE HOSPITAL SERVICE.

For 16 days ending January 31, 1896.

Banks, C. E., passed assistant surgeon, to proceed from Washington, D. C., to Boston, Mass., for temporary duty January 31, 1896.

Pettus, W. J., passed assistant surgeon, to assume temporary command of service at Norfolk, Va., Jan. 31, '96.

Guiteras, G. M., passed assistant surgeon, to proceed from Gulf Quarantine to Mobile, Alabama, for temporary duty January 18, 1896. To rejoin station at Gulf Quarantine January 31, 1896.

Stewart, W. J., passed assistant surgeon, granted leave of absence for ten days January 27, 1896. Ordered to examination for promotion January 31, 1896.

Sprague, E. K., assistant surgeon, granted leave of absence for twenty days January 23, 1896.

Prochazka, Emil., assistant surgeon, to proceed from Detroit, Mich., to Chicago, Ill., for temporary duty January 31, 1896.

Wickes, H. W., assistant surgeon, upon completion of temporary duty at Memphis, Tenn., to return to his station at New Orleans, La.. January 17, 1896.

THE NAVY.

For three weeks ending February 15, 1896.

January 27—Assistant Surgeon A. B. Pusey, detached from the "Cincinnati" and ordered to the "Vermont." Assistant Surgeon G. C. Hubbard, detached from the "Vermont" and ordered to the "Cincinnati."

January 28—Assistant Surgeon C. M. DeValin, ordered to the naval hospital, Philadelphia.

January 30—Surgeon J. N. Steele, detached from the Torpedo station and ordered to special duty on the "Independence."

Surgeon M. H. Simons, detached from special duty at Portsmouth, N. H., and ordered to the Torpedo Station.

January 31—Medical Inspector G. F. Winslow, detached from the "Philadelphia" and granted three months' leave. Surgeon J. A. Hawke, detached from the "Baltimore" and ordered to the "Philadelphia" as fleet surgeon of the Pacific Station. Assistant Surgeon A. Farenholt, detached from the "Baltimore" and ordered to the "Monterey."

February 7—Passed Assistant Surgeon C. H. T. Lowndes, detached from marine rendezvous, San Francisco, and granted one month's leave.

Assistant Surgeon C. P. Bagg, detached from the "Vermont" and ordered to the marine rendezvous, San Francisco, Cal.

February 11—Surgeon J. M. Steele, detached from the "Independence" and ordered to the "Monadnock."

THE ARMY.

From January 23, 1896, to February 5, 1896.

Leave of absence for one month, on surgeon's certificate of disability, with permission to apply for an extension, is granted Capt. Benjamin Munday, assistant surgeon.

First Lieut. William H. Wilson, assistant surgeon, is relieved from duty at Fort Leavenworth, Kansas, and ordered to Fort Bayard, New Mexico, for duty at that post.

First Lieut. Harry M. Hallock, assistant surgeon, is relieved from duty at Fort Bayard, New Mexico, and ordered to Fort Logan, Colorado, for duty at that post.

Capt. Benjamin L. TenEyck, assistant surgeon, now at Columbus Barracks, Ohio, is ordered to Fort Niobrara, Neb., for temporary duty.

NECROLOGY.

SOME RECENT DEATHS AMONG PHYSICIANS.

Dr. H. Ernest Goodman, of Philadelphia. He was connected with the Medico-Chirurgical College, of Philadelphia as Emeritus Professor.

Dr. Robert H. Stancell, of Margarettsville, N. C., at Southern Pines, February 1st(?) Dr. Stancell joined the State Medical Society in 1893, and was the Annual Essayist in 1895, taking for his subject, Empiricism. He was a man of splendid parts and possessed one of the brightest minds in the Society.

Dr. Samuel Beck, aged 56, at Chestertown, Md., February 8.

Dr. Jas. A. Blanchard, aged 55, at Brooklyn, N. Y., January 8. He was superintendent of the Inebriates Home.

Dr. Marcus L. Taylor, of Booneville, Miss., at Philadelphia January 25.

Dr. A. L. Harris, at Atlanta, Ga., January 28.

Dr. Jas. E. Green, at Aberdeen, Miss., January 20.

Dr. Louis Miller, aged 68 years, at Stockbridge, Mass., January 3d. He was a native of North Carolina, and practiced in Kinston from 1854 to 1865.

Dr. P. J. Carrington, aged 68, at New Orleans, February 6.

Dr. R. A. Morton, at Roxboro, N. C., December 30.

Miscellaneous Items.

Dr. Walter C. Murphy, of Burgaw, N. C., was married in Washington, D. C., on the 12th inst., to Mrs. Mary Staples McNett. The bride is a native of Virginia.

A dentist, of Rockingham county, who has recently ventured into the practise of medicine, has done some marvellous work in the surgical line. He narrated to a gentleman the details of one or two of his feats. The first was on a consumptive. He made a hole in the man's side, severed the lung and drew it out of the hole. He thought the patient was getting well, but he now thinks he may have to cut out the other lung. In a second case he was called to see a woman with some internal trouble and found her stiff and cold in death,

even mortification having commenced. He, however, squirted a preparation into her, and she revived, and recovered, the mortification being absorbed.

The Florida State Board of Health, at its recent meeting adopted the following resolutions:

Resolved, That the president of this Board be instructed to communicate with our Representatives in the United States Congress, calling their attention to the fact that the usefulness of the operations of this board is threatened by officers of the Marine Hospital Service, under a forced construction of the act of Congress of February 15th, 1893, and request that they use their best efforts with the Secretary of the Treasury in effecting

ally stopping such interference on the part of the Marine Hospital Service. And be it further

Resolved, That the president also communicate to our Representatives in Congress, urging their support of a measure looking to the creation of a bureau of public health, to be presided over by a cabinet officer, to be known as the Secretary of the Public Health.

Tennessee to the front. The press dispatches say that Sallie Beckwith, a Tennessee negress 69 years old has given birth to a quartette of healthy infants, weighing about six pounds each. And one of the boys has a double row of fully developed teeth.

During 1895 there were in New York 1,270 death from typhoid fever and 5,000 from diphtheria. As the antitoxin treatment reduces the mortality from diphtheria by 50 per cent., there is a chance to save 2,500 lives a year in New York alone.

A bill is before the Legislature of Virginia, for the appropriation of \$2,500 annually to cover the necessary expenses of the State Board of Medical Examiners.

An effort is being made through act of Legislature, to compel the use of the so-called Keely-Cure in the Massachusetts Hospital for Dipso-maniacs and Inebriates.

The *Medical News* learns that the next Legislature of this State will be asked to give the amount raised from the physicians tax for the establish-

ment of a State Farm for the production of vaccine and diphtheria anti-toxin. It would be a most desirable thing, but from present indications the next Legislature will hardly be of the giving sort.

The *Medical News* feels flattered over the great hulloballoo that its removal to New York has stirred up among some medical journals. For ourselves, we somewhat regret that it has gone away from Philadelphia.

Fast race horses are being supplied with tracheotomy tubes to increase their breathing capacity. Better put them into the tracheæ of some of the long distance bicycle riders also.

Interest in Professor Roentgen's method of photographing objects in opaque substances is on the increase. Scientists are striving to be first in the publication of new possibilities with these mysterious cathode rays, and several experiments have been published where photographs have been obtained showing the bones of the hand, the skeleton of mice and fish, coins hidden in purses and under boards, etc.

It is reported that Rev. J. W. Richardson will bring suit against the city of Greensboro, because of an epidemic of typhoid fever in his family due to lack of sanitary regulations on the city's part.

Dr. Hunter McGuire, of Richmond, Va., offers a prize of \$100 to be awarded at the next meeting of the

Medical Society of Virginia for the best essay on "The Status of Serum-Therapy." Competition is restricted to members of the Societies of the States of Virginia, West Virginia and North Carolina.

Brooklyn is making the experiment of using bicycle wheels on the ambulances. Though each wheel costs \$50, it is thought this will be balanced by savings in the matter of repairs. They may reduce, too, the necessary repairs to the patients who are jostled of rough cobble stones.

The University Bulletin is the title of a monthly medical journal, published by the University Medical Society, of the University of Maryland. Dr. John S. Fulton is the editor and Dr. St. Clair Spruill, the manager.

The Bi-Monthly Bulletin is a medical journal published by the University College of Medicine, of Richmond, Va., under the management of an editorial committee. It will reflect in a small way, for \$1 a year, the teachings and work of the college faculty.

The Sanitary Era has evolved into Modern Medical Science.

ONE OF MANY.—Dr. T. S. Royster, of Townesville, N. C., writes:

"My dear Doctor:—

It affords me pleasure to renew my subscription for 1896. Let me thank you for the good Journal you are furnishing us, and extend my best wishes both for yourself and the Journal. Enclosed find \$2.00."

We beg all of our friends who have so kindly expressed satisfaction as to the present conduct of the State Journal to accept our sincere thanks and assurances that it is always our aim to do better.

A NEW DISEASE. The *Rockingham Index* says many of the mill operatives in that section are suffering with "tonsil-eaters" and pneumonia.

The curtain had risen on the third act, and the momentary lush that preceded the resumption of the performance on the stage was broken by a stentorian voice from the rear of the auditorium: "Is Dr. Higginspiker in the house?" A tall, heavily-whiskered man, occupying a front seat, rose up. "If Dr. Higginspiker is in the house," resumed the stentorian voice, "he told me I was to come here and call him out at 10 o'clock!" Whereupon Dr. Higginspiker, looking very red, picked up his hat and cane and walked down the isle amid loud and enthusiastic applause.—*Med Times*.

Reading Notices.

For malarial colds and the rheumatic conditions so prevalent at this season of the year, I have prescribed Tongaline in tablet form with such

signal success that I consider the preparations a most necessary equipment for my pocket case. In fact there is hardly a day during which I do not

prescribe the combination of Tongaline and Quinine Tablets several times, and I feel very grateful for such a scientific and thoroughly reliable preparation.

J. G. BRANSON, M.D.,
Atlanta, Ga.

SPERMATORRHEA.—Having a case of spermatorrhea of several years' standing, which came under my care about nine months ago, I prescribed the usual remedies, in this case, viz., bromide potash, ergot, ferrum, digitalis, belladonna and cimicifuga, with very unsatisfactory results. Seeing your preparation, CELERINA, recommended for this affection, I procured some, and administered it in this case with such marked results after the use of the first bottle, that I immediately ordered two more bottles, which have entirely cured him of this affliction. I have two other patients now under treatment with CELERINA which are progressing very favorably. After a practice of twenty-nine years I have no hesitancy in saying that it is the most effectual remedy that I have ever prescribed in the above disease.—H. E. RAUB, M.D., Quarryville, Pa.

Dr. C. F. Tucker of Syracuse, N. Y., January 9, 1896, writes: Some time ago when I was doing a country practice at Jordan, Onondago county, N. Y. I wrote Messrs. Battle & Co.,

that I could not get the uniform results from Bromidia that I had previously. They sent me a 4 oz. sample and that was all right and I still have on hand a little of that particular sample.

The party who had dispensed my prescriptions, after I had expressed my opinion very strong, confessed *he had purchased a considerable quantity of a Mixture at a less price, said to contain exactly the same ingredients, and had been dispensing that when Bromidia was prescribed.*

After that I had no more trouble, and I can truthfully say that you can find it in my emergency case, office, and in my regular "grip" always, and I have never seen anything but perfect satisfaction attending its use, and I have given it to patients of all ages and about every condition.

I have used it in the last stages of pulmonary tuberculosis, and in severe cases of chronic bronchitis, in delirium tremens etc., and I always use it when I want a certain hypnotic.

I have used it in doses from two minims up to 2 and 3 drachms. It is one of the mixtures of so-called treacherous chloral that has never, thus far, caused alarm. I have been familiar with Bromidia since away back in the eighties when I was a clerk in a drug store, and since I have been practicing I still regard it as a reliable old friend, and so it has proved on many occasions.

NORTH CAROLINA MEDICAL JOURNAL.

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Original Communications.

REPORT OF A CASE OF NEPHRO-LITHOTOMY.*

By W. F. FAISON, M.D., Emergency Surgeon to St. Francis Hospital,
Jersey City, N. J.

On account of the comparative infrequency in this section of country and the immense size of the stone, being, so far as I have been able to learn, the largest single stone removed from a living person, I desire to make a short report of a case of lumbar nephrotomy.

On February 1, 1895, I was called to see Miss C., single, twenty-eight years old; I found her confined to bed and giving the following symptoms:—about one week previously she was seized with severe chill, pain in head and right side. Thinking it was a case of influenza, I prescribed quinine and antipyrine. On the following day when I called, found her relieved of headache but pain in side not changed.

On a more thorough physical examination I found located in the right costo-lumbar region, two inches to the right of the umbilicus, a tumor, slightly movable and exquisitely tender on percussion; by making counter pressure in the back the tumor could be grasped between the fingers, the patient complaining of a fainty, nauseating sensation. No tenderness over the region of the gall bladder; the line of separation between it and tumor could be distinctly mapped out. On deep palpation an enlarged left kidney, as supposed, could be felt. The patient now complained of frequent desire to urinate. A specimen of urine treated with heat and nitric acid threw down

*Read before the Hudson County Medical Society, February 1895.

a copious precipitate—acetic acid cleared up the cloudiness; tested with caustic alkali gave the reaction of pus and the microscope settled the doubt. Salol with an alkaline treatment was adopted and patient put on an exclusive milk diet. The temperature fluctuated from $99\frac{1}{2}$ degrees F. to 102 F. with chilly sensations and hectic flush in afternoon. The urine was tested for six successive days and kept; a greenish yellow sediment settled, the super-natant part clear and acid, no ammoniacal decomposition taking place. The condition of patient gradually grew worse. I made a diagnosis of suppurating pyelo-nephritis due to stone and asked for consultation. Dr. McGill saw her in consultation and agreed with me in my diagnosis. On further inquiry her father told me that when a child she was suddenly attacked with some disease, he knew not what, and remained unconscious for twenty-four hours, but finally made a slow recovery. During her school days she was never able to run about and play with her school play with her school mates without complaining of dragging pain inside.

I told her medicine was of no avail in her case and recommended an operation to which she finally consented. I strongly advised the patient to go to the hospital where she could have the advantage of better facilities, but she refused, preferring to take the consequences at home.

I had the room divested of all unnecessary furniture, the floor scrubbed and the temperature kept at between 76 and 80 degrees F., with an ample supply of boiled water to render my instruments and ligatures as aseptic as possible. Corrosive sublimate and carbolic solutions were used to complete the toilet for our hands.

The patient after being etherized and placed in a semi-prone position, was thoroughly scrubbed over the site of operation with soap and water, ether and carbolic acid solution one to forty. With the very valuable assistance of Drs. McGill, Lampson and Hill, I made an incision in the costo-lumbar region, $\frac{3}{4}$ of an inch below the twelfth rib, parallel with it and $4\frac{1}{2}$ inches long; the muscles and fascia were cautiously opened till the deep layer of fat surrounding the kidney bulged into the cut, when the knife was discarded and the finger used instead; the tumor was found bound down, behind and internal to the colon and as the incision was too small a vertical incision from the posterior angle down to the crest of the ilium was made—so great was the adhesion that in attempting to bring the tumor into the wound the sac ruptured and about two ounces of very fetid pus escaped, the stone was now easily removed, its weight being two ounces and seven drams. The sac was irrigated with a sterilized saline solution, the angle of the wound closed with silk-worm gut and a drainage tube wrapped with iodoform gauze was carried to the bottom of the sac and a voluminous antiseptic dressing applied—time consumed in operation fifty minutes.

The patient reacted nicely and four hours afterwards about four ounces of urine was drawn off slightly tinged with blood. Patient allowed nothing

but sips of hot water; following morning urine drawn—no blood and very little pus—temperature 100 F. Patient drank milk and vichy, and passed water voluntarily. Forty-eight hours after operation, wound dressed, tube removed and iodoform gauze used for drainage, discharge very slight and no evidences of infection. On third day patient complained of distension of abdomen; one ounce of sulphate of magnesia and rectal injection gave considerable relief but for only a short time. Strychnine sulphate hypodermically and champagne by mouth was freely given. Peritonitis had developed and death claimed the patient, six and one-half days after the operation.

I have reported this case, thinking it may be of some interest for the following reasons: First, on account of the vague symptoms extending over years, during which time the patient had been treated for lumbago, the pain being so severe at times as to require morphine hypodermically two or three times daily; in the second place, on account of the size of the stone, weighing nearly a quarter of a pound, and lastly, on account of the adhesion binding the sac so firmly to the gut as to make it utterly impossible to remove it.

THE PRESENT STATUS OF SOME OF THE ETIOLOGICAL FACTORS CONCERNED IN THE DEVELOPMENT OF TYPHOID FEVER.*

BY J. HOWELL WAY, M.D., Waynesville, N. C.

Typhoid fever is the most frequently met with of all the continued fevers we are called upon to treat. While varying greatly as regards the special phases presented by the disease developing in different altitudes and climatic conditions, in repeated epidemics in the same locality, or in cases of mild or severe infection, in the main, the disease presents everywhere the same general clinical picture. Occasionally affecting very young children and at times elderly people, it is more especially a disease incident to youth and early adult life, the greatest susceptibility to an attack of typhoid fever existing between the ages of fifteen and thirty. It occurs at all seasons of the year, but is most frequently seen as a rule, in the late summer or early autumn, its maximum development being reached in October. The repeated observation of many careful clinicians endorse the view that long continued periods of high temperature and dryness during the summer months tend to increase the ravages of the disease. Both of these atmospheric conditions, it will be noted, are favorable to a fall in the level of the ground water. There are

*Read before Haywood County Medical Society stated meeting December 2, 1895.

those who, believing with Pettenkoffer that the cause of typhoid fever develops in the soil and is carried by emanation into the air, claim that lowering of the water level results in an active proliferation and emanation of infective germs; with the rise of subsoil water an inhibition is placed upon germ activity. This may also be susceptible of explanation in another way: the infective causes of the disease may be present in the ground as a result of soil-pollution but so long as completely submerged in water they remain innocuous. With the fall in the water level, the warm air of mid-summer enters the deeper layers of the soil and germ growth is stimulated to greater activity; the soil being both the place of propagation and means of infecting the water draining into the various sources of human supply. Again when the water level is low springs and wells drain with less water, a larger area of surface. In this way where a water supply is infected, the degree of that infection is greatest when the water level is lowest.

The great majority of the intelligent medical profession have accepted as conclusive the results of the labors of Eberth, Koch, Gaffky, and others who have shown that there is constantly associated with typhoid fever a certain living germ which they believe lies in a causal relation to the disease. This germ, the bacillus of Eberth, is of the lowest type of vegetable life. It may be viewed as a saprophyte, in that all the conditions essential for its growth and development are found outside of an animal body, or as a potential parasite when making incursions (as it does in the disease under consideration), into the human body. This bacillus has been constantly found in the alvine dejections, and with very few exceptions as constantly in the blood and urine of typhoid fever patients. In those dead from the disease the germ is found in the infiltrated glands and lymph spaces of the intestine, and in the glands of the mesentery, the spleen, and other organs. It has been isolated and cultivated outside of the human body in cultures on potato slices, in gelatine, meat broths, milk, bread crusts, etc. Its tenacity of life has been shown by Prudden who found the living bacilli in ice after more than one hundred days exposure. In soil, where available nitrogen is present, or in decomposing fecal matter its vitality seems to be almost without limit. The organism fulfills the first two requirements of Koch's law; it is constantly present, it grows outside the body in a special manner. The requisite to complete the chain of definite etiological demonstration, the production of typhoid fever by the injection of pure cultures of the germ, has for very obvious reasons, not been met. The injection of the pure culture into rabbits has given rise to fatal ulcerative and necrotic lesions in the intestine. It is to be remembered too in this connection, that while many of the diseases that afflict man also affect the lower animals, yet we do not know of any of the lower animals that are subject to typhoid fever.

It has been most positively asserted by some recent investigators (Rodet and Roux), that the bacillus of Eberth is only a modified type of the colon

bacillus which is normally found in the intestine of man and several of the lower animals, but which may, outside of the body, acquire properties changing its character from that of a peaceful visitor to that of a virulent infective foe. It is suggested that the character of food and other surroundings may greatly modify the virulence of infective disease germs; that unsanitary environment, soil pollution or water contamination may present conditions which transform harmless bacilli into disease-infecting germs. Keeping in mind the saprophytic type of the bacillus of Eberth this assumption is a rational one and borne out by countless analogies in the higher orders of the vegetable kingdom, where we see constantly the quality and character of larger plants and fruits modified and materially changed by climatic or soil conditions. Of course it will be admitted on all hands; that given the bacillus of Eberth, a colon bacillus modified from influences which may exist and operate upon it within or without the human body, there must be in existence in the body of a given individual conditions favorable to the proliferation of the germ. This personal predisposition, or peculiar vulnerability which renders the body liable to develop typhoid fever, is necessarily as yet an unknown quantity. It is fair to assume that causes which in general tend to lower the standard of health in the individual, such as mental depression, impure air, unwholesome food, fatigue, excesses of both mind and body, are all calculated to render the system more liable to infection. It was a clinical fact to which the attention of the profession was first directed by the great clinician Flint, that a certain degree of protection against the infection of typhoid fever seemed to be exerted by phthisis and other disordered conditions attended by cachexia or anæmia, though this protection was not absolute. It is doubtless also true that while many are exposed to typhoid fever infection, only a certain number are attacked; there must then exist with many individuals a personal immunity to the disease. Practically, a majority those smitten down with the disease are individuals who are up to the time of infection in apparently good health, but whose intestinal mucous membranes evidently presented certain conditions making suitable *media* for proliferation of the germs.

It seems far more rational to assume that typhoid fever results from infection by an organized germ possessed of the property of indefinitely reproducing itself, both within and without the body, than to hold to such illogical hypotheses as impalpable and unappreciable *miasmata* or *contagia*, the nature of which cannot in any way be demonstrated. On the germ theory alone can we satisfactorily explain the occurrence of epidemics of the disease where the infecting material is conveyed through the water or milk supply. Rejecting the germ theory we are forced to admit that fecal and putrescible material, if present in water or in milk in infinitesimal quantity, is capable of producing a disease that all agree is specific in its character. As has been

truly said "a poison may produce sickness and even cause death, but it cannot infect because it cannot reproduce itself." How then, except it be through the morbid influence of a living vital germ or organism, do we witness the spectacle so often presented of an entire family one after another, being taken down with the disease? On what other hypothesis can we explain such occurrences as the now classical epidemics at South Boston, at Plymouth or Cumberland? What "poison" could have been contained in the dejecta of one sick man at Plymouth which when washed into a small stream furnishing the town water supply, gave rise to upwards of twelve hundred cases of typhoid fever?

Assuming the germ theory to be correct, the disease probably begins in this way: the bacilli gain access to the intestinal tract, the conditions being favorable proliferation begins, and, if we are to believe some of our most accomplished bacteriologists who assert that a single germ is capable of reproducing over ten million similar organisms in twenty-four hours, progresses at a very rapid rate. Penetrating the epithelial lining, the specific action of the organisms seems to be exerted locally upon the lymphoid tissue, resulting in a cell proliferation far in excess of physiological demands. The ultimate result of this irritative action is ulceration and necrosis. The natural proliferation of the bacilli results in the production of ptomaines or toxalbumens, soluble poisons which being absorbed give rise to pronounced constitutional symptoms in addition to acting as an irritant locally. The activity of both the local and the constitutional symptoms is probably dependant not only upon the dose and the virulency of the fever infecting agent, but also upon the individual susceptibility, or rather aptitude of the system to feel the effects of the poison evolved by the germs. It is in this way we have presented clinically the varying types of typhoid fever, mild, severe, irregular—all the same disease but differing only in degree. An individual mildly infected or one whose degree of susceptibility at that particular time is slight, may present only the symptoms of a mild intestinal catarrh with at times a moderate degree of catarrhal jaundice, slight elevation of pulse and temperature, though careful examination will usually show some degree of splenic enlargement, and occasionally even the rose colored spots on the abdomen. I am well satisfied that in this mountain section where typhoid fever as a rule, runs a much milder course than is ordinarily depicted in our text books, there are each season patients who experience light attacks of typhoid fever running a brief course under the names of simple febricula, gastric fever, mild continued fever, catarrhal fever, and other similar terms as the fancy of the physician or the prominence of some special symptom may suggest—medical men, as a rule, being disinclined to give out the diagnosis of typhoid fever in cases of seeming trivial import or when it can be avoided. Again there are, doubtless, other cases of genuine typhoid fever infection where

the development of the germs may be arrested at a given point, say from the fifth to the fourteenth day, the disease is cut short, aborts and the patient recovers without experiencing the development of a typical case of fever. In such cases it is reasonable to assume that the intestinal lesions undergo resolution without going on to ulceration or necrosis. Here we have only to deal with the primary fever of lymphoid intestinal tissue irritation and not with the secondary or septic fever associated with the formation of sloughs and the systemic absorption of ptomaines or toxalbumens.

The frequent diffusion of typhoid fever through the *media* of water and milk, and the constantly present primary intestinal lesions would indicate the gastro-intestinal tract as the most usual channel of microbic entrance, though it must not be forgotten that the germs of typhoid fever like those of tuberculosis may become dried and, floating in the atmosphere, be inspired. Many instances are recorded where it seemed that foul odorous emanations from filthy sewers, drains, and privies have at times been carriers of the disease. Instances of this kind have been so numerous as to leave no doubt that the germs of typhoid fever when present in stagnant sewers or in polluted soils may be carried away and diffused through air currents just as the germs of malaria are. Practically it is well to remember that the germs may be present in the expired breath of a patient sick with the disease. The air of sick rooms should be frequently renewed and nurses and physicians should always avoid inhaling the direct expirations of patients. Well persons should never be allowed to sleep with those sick with the disease. I am satisfied that I have seen in my own observation more than one instance of undoubted infection in this way. The principle sources of transmission of the bacilli are undoubtedly through infection of the water supply, the milk or food. In many instances the dejecta of typhoid patients are so carelessly handled as to be permitted to gain access to the water supply directly or by percolating through the soil. Or the wash water in which infected linen or bedding has been washed it carelessly thrown out and finds its way into the water supply, or it may gain access to the human system again through contamination of vegetables or fruit. It has been suggested that even flies may be possible carriers of the germs directly from the stools of typhoid fever cases to food. The epidemic in the German army in 1894, reported by Gelau, gives credence to the theory that infected clothing or bedding acts at times as a potent carrier of the disease germs. The much larger number of cases of typhoid fever developing in washer-women who care for the soiled linen of typhoid fever patients, than occur among the personal attendants of such cases, also emphasizes this source of danger.

Selected Papers.

PRACTICAL EXPERIENCES WITH ANTITOXIN.

BY JAMES L. KORTRIGHT, M.D.

No further demonstration is needed regarding the value of antitoxin in the treatment of diphtheria. Its precision of action, its certainty of effect, the speed of the convalescence, and the perfection of the recovery are so striking as to convince even the most skeptical observer. The following figures are suggestive:

New York:

| | | | | | | |
|---|---|-------|------|---|-----|--------|
| 1st Quarter, 1890, 1343 Cases, 359 Deaths, 27 per cent. | | | | | | |
| 1st | " | 1891, | 1360 | " | 353 | " 26 " |
| 1st | " | 1892, | 1555 | " | 407 | " 26 " |
| 1st | " | 1893, | 1449 | " | 459 | " 31 " |
| 1st | " | 1894, | 2539 | " | 712 | " 28 " |
| 1st | " | 1895, | 2627 | " | 475 | " 18 " |

Brooklyn:

| | | | | | | |
|-------------------------------------|---|-------|------|---|-----|--------|
| 1st Quarter, 1890, 732 " 295 " 40 " | | | | | | |
| 1st | " | 1891, | 522 | " | 220 | " 42 " |
| 1st | " | 1892, | 559 | " | 253 | " 45 " |
| 1st | " | 1893, | 518 | " | 162 | " 31 " |
| 1st | " | 1894, | 733 | " | 259 | " 35 " |
| 1st | " | 1895, | 1149 | " | 282 | " 24 " |

It is only in the year '95 that antitoxin has been used, and we observe that the death rate in New York has decreased from 28 per cent. to 18 per cent., and in Brooklyn from 35 per cent. to 24 per cent. Possibly part of this decrease may be due to improved methods of diagnosis, by means of which cases formerly called tonsillitis are now classed as tonsillar diphtheria.

My theme to-night comprises a few practical points in the use of this remedy that may be of interest to consider; and certain unpleasant and dangerous accidents in the administration of the drug that may be of profit to study.

First, as to the site of the injection. The quantity injected is so large that only four parts of the body have the skin loose enough to receive it; beneath the nipple, the lateral aspect of the abdomen, the buttock and the outside of the thigh, and between the shoulders in the middle of the back. The first location has the disadvantage of being sensitive, the second is traversed by large veins, the skin of the third is scarcely lax enough, the fourth is

awkward to reach, and after use renders rest in bed painful. The last location is the most safe; the sides of the abdomen are perhaps the most available sites for the injection.

DANGER OF INJECTING AIR INTO THE CIRCULATION.

In consequence of the large size of the syringes employed, and on account of the viscosity of the fluid injected, it is very difficult to be sure that no air is contained in the syringe. In obese patients, in spite of the most careful search, it is impossible to avoid wounding venous radicals. Experiments that I have made upon rabbits have proved that much larger bubbles than those necessarily left in the syringe give rise to no symptoms whatever when injected directly into the veins. If in the injection no vein be wounded, the air thrown in merely causes a slight local emphysema. The danger to the patient from this cause is not great with ordinary care.

DANGER OF INJECTING ANTITOXIN DIRECTLY INTO THE CIRCULATION.

Experiments upon rabbits show that direct injection of antitoxin into the veins produces effects in nowise different from those produced by injection into the connective tissue. Reference should be made here to the effects of the transfusion of blood of one species of mammals into the vessels of another species. Landois states that the blood serum of some mammals dissolves the blood corpuscles of other mammals. Lamb's blood or its serum dissolves human corpuscles with great rapidity. The serum of the horse dissolves them relatively slowly. The first result of this solution is to redden the plasma by the liberated hæmoglobin. This hæmoglobin is used up in the formation of bile, and when excessive may be excreted unchanged by the kidney. Fisher, of New York, has observed hæmoglobinuria in diphtheria after the use of antitoxin. When heterogeneous blood serum is transfused, two dangerous phenomena may occur: First, before the corpuscles are completely dissolved they usually run together and form sticky masses which may occlude capillaries and form thrombi. Second, the presence of increased quantities of hæmoglobin in the plasma may cause extensive coagulation within the blood vessels. The symptoms produced by this coagulation will depend on the site of the thrombi. Death may occur suddenly or after the lapse of considerable time.

DANGER OF COAGULATION ITSELF.

Antitoxin being blood serum, is coagulated by all substances which coagulate serum albumin, as, for example, alcohol, all of our ordinary antiseptics, as lysol, trikresol, carbolic acid, bichloride. Minute particles of any of these substances lurking in the syringe may produce small clots which may pass through the needle into the connective tissue or even directly into a venous radicle. These emboli in the connective tissue being aseptic will liquefy and

be slowly absorbed. In the circulation they may cause emboli in the pulmonary artery or pass through the lungs into the systemic circulation. So far as is known, Dr. Wilson is the only one who has noticed this behavior of antitoxin. It would be well for the manufacturers to call the attention of the public to this danger and in their printed circulars to enumerate the common substances which possess this quality of coagulating antitoxin. Mention may be made here of a quantity of serum, till recently, at least, in the New York market, which was subjected to prolonged freezing in transit from Europe. What effect this exposure may have had upon the curative power of the drug or its innocuousness, it is impossible to say. As at present dispensed, it is difficult to judge of the quality of any given sample; the label entirely surrounds the bottle. The label should either be smaller or so attached that a view of the contents by transmitted light can be obtained.

Turning now to the second division of our subject, we note three different classes of disagreeable effects from antitoxin: Eruptions on the skin, inflammation of the joints, septicæmia. All sequelæ are more common in those cases in which the microscope fails to find the characteristic bacilli. The point should be borne in mind that antitoxin is not a harmless remedy and is not to be given lightly in cases of suspected diphtheria. It is better to withhold the remedy until the bacteriological examination is completed, unless the case is unmistakable, or urgent laryngeal symptoms be present.

ERUPTION.

Fisher, of New York, describes these eruptions as follows: "Some look like scarlet fever, some appear like measles, most of them look like erythema, seven cases looked like urticaria, nine cases showed *purpura hæmorrhagica*." He believes that the greater the quantity of antitoxin, the greater the liability to eruptions. Biggs, in his paper before the Academy recently, endorses this statement. Urticaria usually appears about eight days after the injection, accompanied by intense itching and with or without a febrile reaction. Rashes appear in about one-sixth of the cases treated, and disappear in two days.

Inflammation of the joints is more infrequent and more troublesome. A typical case is as follows: Marie, aged 26 years, was taken in January with symptoms of diphtheria. There had been just previously two fatal cases of the disease in the apartment house in which she was residing. Before the bacteriological examination was completed she received 25cc. of antitoxin from the Pasteur Institute, of New York. No Klebs-Loeffler bacilli were found by the microscope. She made a prompt recovery in four days. Eleven days after the injection, she was seized with pains in the ankles, effusion into all the tarsal joints. Locomotion became almost impossible. After ten weeks, she still had pain, stiffness, and tenderness, but without swelling. Iron preparations relieved her more than any other drug. Thus far there

have not been any cases of suppuration within the joints reported. The articular lesion may be accompanied by sweating and other rheumatic signs.

SEPSIS.

Both of the processes just described are toxic in their origin. In addition, a true septicæmia occurs. Septic conditions are noted very frequently during the course of diphtheria, and are usually due to the disease itself. It may be perhaps unnecessary to repeat that antitoxin exercises no influence either preventive or curative over streptococcus infection. The following is a case of septicæmia caused by serum: "A child, aged three, had slept in the same bed as her sister who had had diphtheria and had been successfully treated by the serum. The parents insisted that the child should be immunized, and accordingly 2cc. of Behring's No. 1 were injected. The next morning the child was depressed. On the following day she had fever and violent pains in the lumbar region. The urine contained albumen. On the next day the temperature rose to 103° F.; petechiæ appeared on the legs, and on the fourth day the child died. The case is reported in the *British Medical Journal* of March 2, 1895. Winters, at the late meeting of the Academy, reported several similar cases.

I have now to report three cases that I cannot classify: On March 27, 1895, I was called to a little boy eight years old, almost moribund from malignant diphtheria. The family had not suspected the serious nature of his illness, and had tried home remedies for five days before seeking professional help. He died the same day. When I announced the diagnosis, his cousin, Bertha Valentine, a stout, well-nourished girl of sixteen years, asked me to examine her throat. There were a few spots occupying the crypts of the right tonsil. Other functions were normal. Local applications of powdered sulphur were used for one day. On March 28th, the temperature was 101°. Nausea was present and there was a grayish exudate over both tonsils, extending upward to the pillars of the fauces and backward upon the pharyngeal wall. Bacteriological examination showed an almost pure culture of the Klebs-Loeffler bacillus. At 3 p. m., of the same day, she received 10 cc. of Behring's serum No. 2. The injection was made at the left lateral aspect of the abdomen. Skin, hands, and syringe were cleansed with a 1 per cent. solution of lysol. The antitoxin was obtained directly from the agent, and was marked operation 159, examined January 30, filled January 31. After the injection, the patient said to me, "It makes a lump in your stomach, doesn't it, Doctor?" I quote this remark to show that the serum was thrown into the connective tissue and not directly into the circulation. About five minutes after the injection, the girl complained of tingling and became restless. This paræsthesia was immediately followed by a slight general convulsion. This mild spasm was followed at once by general tonic and clonic convulsions, accompanied by marked opisthotonos, cyanosis, and absolute

cessation of breathing. The pulse was rapid, small, and forcible. The only attempt at respiration was a slight spasmodic contraction of the facial respiratory muscles. Artificial respiration was kept up till the heart stopped. The time in all was perhaps three minutes from the first sensation of tingling till death. I at once notified the coroner's physician, Dr. Clayland. The autopsy was made eighteen hours after death. Body well nourished. Rigor mortis well-marked. No œdema. There is a small punctured wound on the left side of the anterior abdominal wall. This puncture does not penetrate the peritoneal cavity, but in its course transfixes a small vein in the abdominal fat. The brain and meninges are congested. The liver, and especially the kidneys, are markedly congested. The lungs are normal. The heart is in systole; its left side is empty; the right side contains a small amount of fluid blood. There is slight atheroma of the aorta near the valves. The pulmonary artery contains no clots, and the larynx and trachea contain no foreign body." Death is evidently due to something that abrogated the function of the respiratory center in the medulla. Two theories suggest themselves, one mechanical, the other chemical: 1st. Bearing in mind what was said above regarding the effects of the transfusion of heterogeneous blood, it seems possible, and perhaps plausible, that masses of softened blood corpuscles lodged in the medulla and cut off the blood supply to the respiratory center. 2d. In some unknown manner, the antitoxin may have been contaminated by some unknown substance, or the serum may have decomposed into some poisonous compound. Examinations of other bottles of the same series of antitoxin proved them in proper order. Such an examination, of course, proves nothing regarding the bottle used. It shows merely that the entire quantity need not be thrown away. It is useless to speculate on what might have been the cause. The lesson to learn is how to avoid such an accident in the future. It would be easy to make sure that the antitoxin is in good order by injecting a small quantity into some lower animal immediately before the administration to our patient. I believe in this trial injection we have found a new use for the family cat. I desire, therefore, to suggest to all manufacturers of antitoxin that they put a little more than a dose in each bottle, with directions that the excess is to be used as a precautionary injection. If the physician does not care to make such an injection, he acts at his own risk. Thus the manufacturer is protected from all possibility of blame.

Case second occurred in the practice of Dr. W. L. Applegate, of this city, who kindly allows me to report it. A strong boy of four years was taken sick with nasal and pharyngeal diphtheria on April 27th. Cultures from the throat showed the presence of the Klebs-Loeffler bacillus. On the fourth day, 15 cc. of Roux's antitoxin from the Pasteur Institute of New York were injected into the left anterior abdominal region. An ordinary hypodermic syringe was used, and several punctures were necessary to complete the in-

jection. One hour afterward the child became very restless and complained of complete loss of vision. The jactitation increased with profound vital depression. Three hours after the injection the patient expired in convulsions.

The third case is reported in the *British Medical Journal* of February 2d, page 202. A male child, aged four and one-half years, was admitted to the Aberdeen City Hospital, December 24, 1894, on the second day of the disease. On the 25th, he received 3 iss. of Klein's antitoxin. On the 26th, the larynx was involved, and he was tracheotomized. The membrane disappeared and he felt well till January 1st. He then became drowsy and showed a febrile movement. On January 3d, there was diphtheritic membrane in the tracheotomy wound, and he received another drachm of Klein's serum into his back between his shoulders. Breathing immediately ceased, but the child was brought around by artificial respiration and hypodermics of brandy. He died after six hours.

RECAPITULATION.

Antitoxin serum is a remedy of great power in the treatment of Klebs-Loeffler diphtheria. Its use is followed in a certain proportion of cases by complications that are disagreeable, painful, or dangerous. These complications are more frequent where antitoxin has been given in cases of false diphtheria. Hence the drug is not to be lightly used, and only after bacteriological examination has shown the presence of the proper bacilli. A test of the purity of the preparation should be made immediately before use by giving a precautionary injection to some lower animal.

DISCUSSION.

Dr. A. S. Ambler: Mr. President, I feel that I have but little to say. Have had some little experience—some eighty cases. Can present a few facts concerning patients treated with antitoxin at the Kingston Avenue Hospital during the past four months, and our conclusions based upon the daily observation of the cases.

A summary of fifty cases shows forty-one recoveries and nine deaths. Of this number of fatal cases, three died within a few hours after reaching the hospital, and were undoubtedly hopeless cases. This shows a death rate of 18 per cent., or, excluding the above stated cases, 13 per cent. for those patients receiving the antitoxin in time to derive benefit from its use.

During this time we had under treatment fifty-one cases which did not receive the serum, reserving the serum for the severe and progressive forms of the disease, and the results obtained compel us to a belief in the curative action of the remedy. Of a total of 101 cases, there were twenty-one deaths, or a death rate of 20.8 per cent., one-half of which were treated with antitoxin, the others receiving the treatment in vogue before the introduction of antitoxin as a therapeutic agent. These figures give a death rate of 23.5 per cent. for those cases that did not receive the serum treatment.

It is to be noted that of the twenty-one fatal cases eleven died within twenty hours after admission to the hospital, and were too far advanced in the disease to derive benefit from any treatment. This death rate is considerably lower than that shown by the records of the hospital since its institution, last year's mortality being 29.3 per cent. This remedy has given us peculiarly gratifying results in nasal diphtheria and in those cases showing extensive glandular enlargement with painful deglutition, by staying the further progress of the swelling and for the relief of pain.

No deaths have occurred in those cases treated within the first two days of the disease. One death from laryngeal stenosis in a case treated on the third day of the disease. The other fatal case did not receive the antitoxin until some time later than the fifth day.

In the administration of the serum, we have found it necessary to judge the case more from its individual characteristics and the course of the disease than by the number of days from the beginning of the attack, as some cases progress more slowly than others, showing symptoms and clinical manifestations of a profound infection later in the disease. We have found that beneficial results can be obtained where the serum is used for the first time in certain cases many days from the beginning of the attack. Patients developing the nasal or laryngeal form by extension of the diphtheritic process have been greatly benefited by an injection at that time.

Aronson's serum was used in forty-five cases; Behring's No. 2 in four cases; Gabiar's in one case. The quantity given has varied from 5 cc. to 20 cc.

The average duration of the membrane has been nine days, and the bacilli have been reported absent in from seven to twenty-four days, the average time being fifteen days.

A slight rash simulating that of urticaria has occurred in three cases, following the injection by about eight days, with but slight constitutional disturbance.

The usual sequelæ have, we think, been lessened. Paralysis has been less frequently observed, and milder in character. No case of suppression of urine has followed its use, and renal troubles have been of much less frequent occurrence.

Our temperature records fail to disclose any great rise following the injections, three-fifths of a degree being the maximum.

It has been due to our observation of the individual character of cases treated more than to the statistical record that we have become convinced of the advantages of this mode of treatment.

Prompt recovery has followed in cases of laryngeal stenosis requiring intubation where no other treatment was employed. The improvement in the general condition of the patients has been very marked, following within twenty-four hours after injection.

We have no ill results from its use in any case.

Dr. Alexander Hutchins: This paper of Dr. Kortright's is very important. I think we have all, since his experience, had a very earnest desire to avoid any of these disasters, and I would like to have him, from his own observation, answer two questions, for my own benefit and for the benefit of the Society.

In the first place, is there any evidence from practical observation that the injection of this serum has had any effect deleterious upon the lower animals? If that is true, what advice will Dr. Kortright give us as to the length of time to wait after the experiment is made upon the lower animals in these cases of precaution?

Dr. Geo. McNaughton: I should like to report a few cases of laryngeal diphtheria having some bearing on the use of antitoxin. I have treated twenty cases of laryngeal diphtheria with antitoxin. Seventeen of them were intubated; of this number, three died, the remainder having recovered, or about 88 per cent. To compare these with cases not treated with antitoxin, but intubated, I looked up the nineteen preceding cases, and of that number thirteen died and six recovered, or 31 per cent., about the average percentage of recoveries. I believe that the better results are largely due to antitoxin, because I could not determine that these cases were different from others, and I believe laryngeal diphtheria is a proper test for antitoxin, because in these cases you cannot well apply an antiseptic solution locally. It has been suggested by men who have written upon this subject that we have complications following more frequently than reported. So far as I know, there has been only one serious result following any one of these injections. I have made perhaps twice that number of injections in general diphtheria, pharyngeal, tonsillar, etc. In one case it was followed by the local symptoms which Dr. Kortright has described. I shall continue to use antitoxin so long as the results are as satisfactory as they have been during the past five or six months.

Dr. J. H. Raymond: Just a word on this subject of the difference in severity of diphtheria in different epidemics.

I had occasion some years ago to go over the statistics of the Board of Health from the beginning, when diphtheria was first recorded in Brooklyn, in 1859, and if you will look at the report of the deaths and the reported cases, and compare them for a period from 1874, when the reported cases were first recorded, to 1894, you will find a remarkable uniformity; in the neighborhood, if I remember rightly, of about 36 per cent., and that runs along year after year. Now if there is such a difference between different periods, it would certainly seem that in as long a period as twelve years that difference should show itself. I know it is said that mild cases are not reported—that is true; still that same statement is true of all the years. There

is no more reason why mild cases should not be reported in one year than in another, and it seems to me where we find such a uniform mortality rate as has existed in Brooklyn for twelve years, that that is a fact of good deal of importance. And, therefore, when the figures diminish markedly I think we have a right to infer there is some other influence at work than that which has been at work all these years; and if antitoxin is the only additional element in the question, it seems rational to attribute the diminution to antitoxin; at any rate, the burden of proof is on those who claim otherwise.

Dr. Kortright: I have nothing to add, Mr. President, except to thank the gentlemen for listening to the paper. It is a mere matter of coincidence, I believe, that Dr. McNaughton used some of the same series of antitoxin as that used in the fatal case of mine.

I am a little bit puzzled to answer Dr. Hutchins' question. I have no experience, and so far as I know there is no recorded observation as to the dangerous effect of antitoxin in the lower animals; still, if the injection is not followed by serious symptoms, I should think in half an hour or an hour that would be ample to warrant going on and giving a dose to the patient.

There may be such a thing as an individual idiosyncrasy by which this drug may have a bad effect on any given person. It is barely possible also that the atheroma of the aorta in this girl, may have contributed to her death.

With Dr. Ambler, I believe very thoroughly in the treatment of diphtheria with antitoxin. Since this fatal case I believe I have saved at least one child's life.

Dr. Bartley: I would like to ask Dr. Kortright if he noticed whether the specimen of serum that he used was clear and transparent, or cloudy?

Dr. Kortright: The label surrounds the bottle, but I think it was not markedly turbid.

Dr. Bartley: I asked the question because at one time, when I wanted to use the remedy, I examined four of five different bottles in one lot, and all of them were very turbid. I refused to use them and obtained another specimen, which was clear and transparent. I did not know whether others had that experience or difficulty in getting a clear specimen, or whether there is any danger in the turbid specimen. At any rate, I certainly would not use a turbid specimen such as I saw in those four bottles. I would like to inquire whether anybody has ever employed one of these turbid solution, and whether there has been any unusual complications from turbid specimens—whether they are safe or not. That is a practical point we ought to have some light upon.

Dr. Seth D. Boggs: I have seen both used, and with the same result; with no marked difference.

Dr. E. H. Bartley: Dr. Kortright means to imply by his recommendation of a preliminary test that there was something the matter with the antitoxin and not in the girl herself.

Dr. Kortright: I do not wish to make any such statement at all, sir, except that by doing so you can feel confident, if any trouble arises, it is due to the drug. I do not wish to bring any accusation against any preparation.

Dr. Bartley: The impression made upon my mind was that he was afraid something might be the matter with the antitoxin, and that it would be better in future to test the antitoxin before using it.

Now, in this case, of course, it is useless to speculate as to the cause of death; whether it was due to thrombosis, whether it was due to some decomposition of the remedy, whether it was due to some idiosyncrasy in this particular patient, or just what it was due to. But sir, I must beg leave to reiterate the statement I made here at a previous meeting, and I think I was correct then, although I was met with the statement that no unfavorable results had ever been noticed after the injection of thousands of cases. The statement that I made was that it is at least questionable to inject this serum into the circulation or cellular tissue of a person before they actually have diphtheria, as a preventive measure. It seems to me that the dangers that are developing, as time goes on, and experience with the remedy increases, the dangers of injecting an uncertain solution like this are too great to warrant us in injecting it into a healthy child. One case was reported in the paper of a child who did not have diphtheria; the child was well, but was injected for fear it might contract the disease, and died in consequence. Now, we all know that there are a certain number of individuals already immune. I have seen, and I presume others have seen the same, one child sleeping for one or two nights in bed with another suffering with diphtheria, then isolated, and there was no development of the disease. There was every reason they should develop it and yet they did not. Experiments with the serum of adults and children, conducted, I forget by whom, show that a large portion—about 55 per cent.—of adults' serum is about as good as this immunizing serum; that is, the persons themselves are immune. Children's blood showed a much less proportion to be immune than of adults. An organic solution, like this serum, in which the globulin and other substances are so likely to undergo secondary putrefactions and decompositions of various kinds, is in my mind an unsafe thing to inject in a healthy individual. And I would go further, and say that the mere presence of the bacilli will not warrant us in injecting this remedy. The severe cases, especially laryngeal cases, nasal cases, and those accompanied by a very marked enlargement of the cervical glands, are the only cases I think suitable for the use of this remedy.

I should like to hear the opinion of some of the other gentlemen on this

subject. I am very sorry Dr. Winter is not here to give us his views on the danger side. I suppose most of us have read them, and they are very clear and very pointed. We have not only his statement, but the statement of one of the officers of the United States Government, who, after studying it in its home in Berlin, reports never having seen any good results from it. One remark on the subject of statistics.

Statistics drawn from one epidemic in comparison with another are not safe. My death rate—and I do not suppose I have any better method of treatment than anybody else, certainly nothing original—my death rate for the past six months is less than eighteen per cent. My death rate in other years has seldom, I think, been 20 per cent. or 25 per cent. Of course the death rate shown us by these statistics is open to a good deal of question, in this way: Up to within the past year, many, many cases of diphtheria were never reported to the Health Department. Now that I can have my diagnosis made certain for me, I report cases that otherwise I did not report. Cases that were somewhat questionable, I did not report. Of the cases I have reported this year, all but one have proved to be genuine diphtheria. One of them proved not to be. I am certain that a larger proportion of the cases have been reported this year than before, and the reduction in the death rate has not been due to antitoxin alone, but to the larger number of cases reported. Of course, all of us reported cases that we thought were going to die, but some cases where it was a question whether it was diphtheria or not were not reported. Now the light cases are reported, which makes the death rate less. In this matter of statistics, we have not gone far enough yet to make a safe deduction from them.

Dr. Kortright: I have nothing further to say except to thank Dr. Bartley for calling attention to the fact which I desire to bring out very clearly, that antitoxin is not to be lightly used; never at all in suspected cases, never for immunizing purposes, and that it is better to wait for an examination to determine the presence of the bacillus.

If my learned colleague who does not believe in antitoxin will take the next fatal case he has, one of the small percentage of cases he loses, that is laryngeal, and will give it antitoxin most carefully, I think he will be convinced, as other skeptics have been, as to the value of the drug.—*Brooklyn Medical Journal.*

NORTH CAROLINA MEDICAL JOURNAL.

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Editorial.

Skotography.

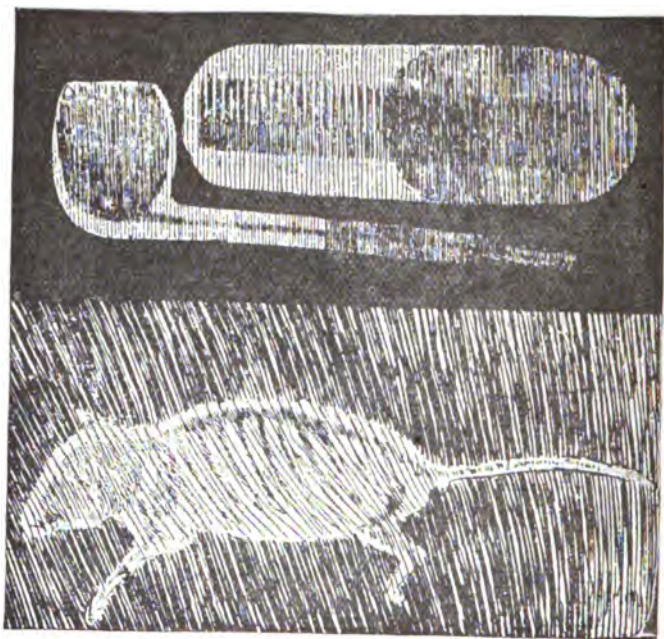
When the news was published through the daily press, a few weeks since, that Professor Roentgen (or Röntgen) had discovered a light which would penetrate opaque substances, and by means of which articles hidden in wood and leather, and even the bones in the human body could be photographed, it would not have been surprising had people generally looked upon it as a scientific hoax emanating from the fertile brain of some reporter who was hard pressed for news. But is it, after all, so great a marvel that rays should have been discovered that have the power of passing through other substances as easily as light rays pass through glass? Why light rays should pass through so dense a substance as glass is still, and will probably always remain, a

mystery to human understanding, which can only discover the fact that such laws of Nature do exist, but cannot understand the mysterious forces that produce them.

The existence of these rays, as Professor Röntgen has designated them, has been known for quite a number of years, and their wonderful power of penetration was noted by Hertz more than two years since. Nearly twenty years ago Crooke, while experimenting, noticed that the spark passed through a closed tube diminished in force as the tube was exhausted, and finally disappeared, to be replaced by a form of energy differing from any electrical phenomenon he had ever noticed. The tube known as Crooke's tube is as perfect a vacuum as can be obtained, containing only one-millionth of an atmosphere. The cathode, or negative

pole, from which it is claimed the rays proceed, is an aluminum disc about a half inch in diameter. The tube is excited by means of an induction coil, larger than that used for physiological stimulation, run by a few storage cells. The rays can

hardly be called light, for they are scarcely visible, and they differ from light rays in that it is impossible, as yet, to reflect or refract them. The experiment has been made of passing them through a prism of aluminum, but the course of rays is not affected.



At the top is the picture of a comb in a leather case, the case being double at one end and making a darker shadow; a wooden pipe showing the blackened inner surface, and the fact that amber intercepts the rays more than wood does. All will recognize the mouse and his back-bone and ribs.

The pictures produced are dependent upon the power of the rays to pass through some substances while it is intercepted by others, and are, therefore, simply shadows. For this reason the name *skotography* (shadow-writing) has been proposed as better denoting the process than *photography* (light-writing).

When a skotograph is to be taken a regular sensitized photographic plate is enclosed in a wooden plate-

holder, so that it may be protected from any possible ray of light, and placed upon a table and the object to be skotographed placed upon the wooden cover over the plate. The Crooke's tube is then brought to within five or six inches of the plate and excited. The current is kept on for a time varying from a few minutes to an hour or more, and the plate then developed in the usual way. The illustrations accompanying this

article are reproduced from a paper by Professor Osterberg, published in the *New York World*. He narrates a peculiar incident in connection with the production of the skotograph of the mouse. The animal in its cage was submerged in water for ten minutes, but as, when taken out, it showed signs of life, it was again submerged and remained more than five minutes. The mouse was then taken out and arranged on the cover over the plate. An accident to the apparatus at this point caused a delay of an hour. The rays were then turned on the mouse and remained about an hour and a half, when the Professor noticed that there was a movement of the mouse's tail. In a short time the limbs began to move so much that there was danger of spoiling the picture, so the mouse was removed. It continued to improve rapidly and soon had to be confined in its cage to prevent its escape. Professor Osterberg does not assert that the rays caused the mouse to be restored, but he considers the incident of sufficient importance to warrant further investigation.

That the very extensive work which Professor Röntgen's discovery has inaugurated among scientists will produce greater and more practical results is very probable, and that medicine is to be benefited by it is quite certain, but as is usual with all new discoveries, too much is expected of it by the people who build upon a very frail foundation high hopes of relief from disease. Reports have already been published of the discovery of foreign bodies in various parts of the body which the ordinary methods of diag-

nosis failed to reveal, but we doubt the truth of the report that a needle was seen in a patient's stomach. It appears that renal and vesicle calculi may be skotographed, but gall stones do not seem to intercept the rays sufficiently for the production of a distinct shadow. The high voltage required for the production of the rays and the proximity of the tube to the object to be skotographed suggests that the process would not be entirely devoid of danger were the attempt made to produce a picture of the bones of the body. However, we must await results before any definite conclusions may be arrived at in regard to the position which the process will hold.

The North Carolina Medical Society Meeting.

The Medical Society of the State of North Carolina will hold its next session in Winston-Salem beginning Tuesday, May 12th. It was a great disappointment to many members when, three years ago, after the twin cities had been selected as the place of meeting, a fire, which destroyed the best hotel in the place, made necessary a change. However, the time has not been spent idly by their progressive citizens and they are in position to accommodate the Society more satisfactorily than ever before. We may be sure that those who attend this meeting will have no cause to regret it, for the local profession are already up and about, preparing for the Society's coming, and when they put their hands to a thing we know it will be well done, for we

know the men. What the nature of the social events will be, we are not yet informed, but we can be well satisfied that they will be delightfully enjoyable.

Concerning the Society work itself, there is every indication that it will be of a superior order and full of interest and instruction. The chairmen of the various sections were well chosen, and with the assistants to each chairman, who are appointed by himself, will present a valuable assortment of original work and clinical experience. We would suggest that each reader of a paper make known at once to some friend, who will be present at the meeting, the title of his paper, and make a special request of him to open the discussion. It would also be well if it could be stated on the program by whom the discussion of each paper will be opened. We therefore ask the chairmen of sections especially, and authors of papers generally to make known to the writer, the Society's Secretary, the name of any member who consents to open a discussion. We all realize how important and useful the discussion of a paper is, both in bringing out individual ideas and experience and also in emphasizing special points in the paper.

We would repeat what we have said before, that a member's appointment as chairman of a section is not intended as an empty honor, with the simple object of glorifying him; but the Society expects something of him. It is indeed an honor to be selected from among nearly five hundred men, as one to instruct that large body, and it would be a conspicuous lack of ap-

preciation not to make an earnest effort to present a paper worthy of the Society. We trust that each chairman has been at work some time, and that the charge of indifference to the Society's wishes cannot be entered against him.

Among other important things to engage the attention of the Society at the coming meeting is the election of three members to the Board of Medical Examiners, for six years. The terms of Dr. W. H. Whitehead, of Rocky Mount; Dr. L. J. Picot, of Littleton, and Dr. Geo. W. Long, of Graham, expire at this session. According to the custom of the Society, we cannot look for a continuance in office of these faithful servers of the public and defenders of the profession's dignity, but we should consider well in the selection of their successors, to secure men as faithful, as conscientious and with as much ability and sound judgment. We have not heard the name of any one definitely mentioned as a candidate, but we know that the politicians have been at work. We suggest that in this matter as in the affairs of State and National government, it is a *safe* rule to let the office seek the man. It is also not wise for one to pledge his support of a candidate until he is informed as to all who will be proposed, for in this way a man's ballot sometimes fails to express his real convictions. *Select men for their worth and not for their popularity only* when you place them in a position of so much importance.

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Reviews and Book Notices.

The Johns Hopkins Hospital Reports. Volume V. Baltimore.—The Johns Hopkins Press.—1895.

This is a large volume of 481 pages, printed on good thick paper, and having three pages of index.

Its contents are, I. "The Malarial Fevers of Baltimore." II. "A Study of Some Fatal Cases of Malaria." III. "Studies in Typhoid Fever." These monographs are illustrated by well executed colored plates of the microscopic appearances observed in the blood and tissues of patients affected with the diseases described.

The first paper, by Messrs. Thayer and Hewetson, Assistants in the Medical Clinic, is a valuable résumé of the literature relating to the malarial parasites, much of which is in publications in foreign languages and not accessible to the ordinary student of the subject. The title of this article seems hardly well selected, as it indicates a local application, whilst the information given is of a general character embodying the studies of observers in all parts of the world. The colored lithographs of the hæmatozoa of the different forms of Malarial Fevers—the tertian, quartan, and aestivo-autumnal—accompanying this paper are particularly well made and useful for comparison by independent observers.

The second paper in the volume, by Lewellys F. Barker, Associate in Anatomy and Assistant Resident Pathologist, is also a well considered and valuable study of some cases of Malarial disease, "coming to autopsy

in the Pathological Laboratory of the Johns Hopkins University and Hospital."

The third paper, Studies in Typhoid Fever, by five well known physicians whose names are given, contains also many things of interest and much food for reflection.

This Report as a whole is worthy the careful perusal of all interested in the subjects treated therein.

If it was intended, however, especially for the diffusion of knowledge, it is to be regretted that so much blank paper should have been included with the printed matter—about forty-eight square inches of the former to twenty-eight of the latter on each page.

J. V.

A Manual of Syphilis and the Venereal Disease. By James Nevins Hyde, A.M., M.D., Professor of Skin and Venereal Diseases, Rush Medical College, etc., and Frank H. Montgomery, M.D., Lecturer on Dermatology and Genito-Urinary Diseases, Rush Medical College, etc. With 44 illustrations in the text, and 8 full page plates. Cloth, octavo 616 pages; price \$2.50 net. W. B. Saunders, Philadelphia. 1895.

This volume, as stated in the preface, is not intended for the expert, but to meet the needs of the student. The authors have brought together the important and practical facts in regard to the diseases named and have left out long discussions on points in controversy and historical and other data which may be found in the more voluminous text-books, but which are not essential to a practical knowledge of the diseases. It will serve well the purpose for which intended.

It is interesting to note that the author finds some consolation in the fact that it is usually the young who are afflicted with these diseases. After remarking on the great number of persons who suffer innocently, he says: "The great majority of the other victims are patients infected at a time of life when passion is most imperious, self-restraint less strenuously imposed, and the discipline which unfolds the deeper meanings of life is less understood and appreciated. The result is two-fold, on the one hand are patients for the most part, fortunately, of an age and possessed of a vigor best capable of enduring without serious shock the perils of an intoxication of the system, and in a social state least likely to burden others, such as a wife or a child, with the consequences of disease; on the other hand are the subjects of these infections, who, without fixed habits, are obliged to conform to the rules of best living when actually suffering from their ailments, and who learn lessons which at their time of life are often indelible. The most radical of moral reforms with the best of ultimate results is constantly wrought by the several accidents described in the following pages." Yes, they nearly always swear while they are suffering, that they "will never do so any more," but so do the majority of women in travail; and what is it worth?

History of Anaesthesia; or Painless Surgery. By Wm. R. Hayden, M.D.

In this nicely printed pamphlet of fifty-one pages Dr. Hayden has produced some very entertaining read-

ing in regard to the priority claimed by different men in the discovery of anæsthesia. He champions the cause of Dr. Morton. This controversy has been going on in the medical press of the country some time and is somewhat familiar to all reading physicians. They will, however, be pleased to have Dr. Hayden's articles collected into one volume. After all the discussion in favor of one and the other claimants there is probably but little change of opinion among physicians as to how much credit belongs to each. There is no controverting the fact, if straight-forward evidence is to be credited, that Dr. Long antedated the Massachusetts men in the use of ether for anæsthesia some four years. But he did not make it known to the world, that the whole world might be benefited by it, while Dr. Morton did. No matter what Dr. Long's excuses may be, it was Dr. Morton who gave to the world the painless surgery which has proven so great a blessing.

PYGOPHAGUS.—Dr. Jacobi (*Archives of Pediatrics*, Oct. 1895,) reports a case occurring in the practice of Dr. Sigmund Tynberg. The term is applied to a double monster, consisting of two complete individuals united in the region of the sacrum or coccyx. The sex in this case was female. They were united below the third sacral vertebra, the sacra united on one side. Each child had its own complete generative organs and each its distinct circulatory apparatus. The anus was common, the rectum divided by an antero-posterior septum. The spinal cords did not communicate. The twins lived nearly five months, one dying eight hours before the other.

Abstracts.

THE TREATMENT OF LUPUS BY THE LOCAL APPLICATION OF CREOSOTE.—

Zerenine has obtained remarkable results in the treatment of lupus by the local application of creosote, being originally led to employ this method by the good results which he obtained in the treatment of pulmonary tuberculosis. The creosote is employed pure or mixed with glycerin in the proportion of one to three or one to ten. It is well to saturate a piece of gauze with a solution of creosote and oil, or creosote and glycerin, and to precede its application to the sore by scarification. In one case of lupus which had existed for fifteen years, and which had been treated by curetting without amelioration, the application of this creosote mixture caused a disappearance of the red color, the movements of the jaw (which had become involved by cicatricial tissue) became more easy, the ulcerated surface improved in appearance, and almost complete cure was produced. In another case, in which a lupous ulcer of the nose had existed for nine months the ulceration disappeared after a month of treatment, the parts being kept constantly wet with sterilized gauze wet with this solution.

In another case, in which lupus of the nose had returned after scraping, two months of this application of creosote in the proportion of one to three produced a complete cure. Zerenine believes this treatment is less apt to be followed by recidivity than curetting or plastic operation.

In the treatment of chronic suppuration dependent upon tubercular infection this author has also employed these creosote solutions with advantage, particularly in adenitis of the cervical and axillary glands, and in cases of tubercular suppurative osteitis in the foot the treatment proved very useful.—*La Medecine Moderne*.—*Therapeutic Gazette*.

SURGERY OF THE LUNGS.—In the lung, eroded or ruptured vessels cannot be treated directly by ligation. Neoplasms cannot be unhesitatingly removed. The peculiar arterial and venous anatomy of the lungs, their specific physiological function, their inter-relation with and co-dependence on the heart, place a *grand reserve* on pulmonary surgery and limit justifiable interference to three pathological conditions, viz., hydatid cysts, gangrene, and abscess. When any one of these conditions is present and the diagnosis certain, an operation should be performed at once; any delay becomes a sin of omission.

The lungs have very meagre powers of resistance and limitation, consequently any pus-forming foci extend rapidly and indefinitely. Another factor of importance is that spontaneous drainage in the proper place rarely occurs. These considerations render immediate surgical interference imperative. The statistics of operations for gangrene are favorable; the excessively high mortality has been substantially lowered by artificial drainage.

A cardinal rule in lung surgery is to never use the knife in incising lung tissue. All incisions should be made with the cautery, preferably the galvano-cautery. The knife is absolutely interdicted on account of the consequent uncontrollable arterial, venous and capillary hæmorrhage. The cautery is used at as low temperature as possible—a dark-red heat.

All antiseptic irrigations have the same dangers from absorption as in the peritoneal cavity.

Operations in cases of tubercular cavities have thus far been experimental, and without exception have hastened fatal termination. In one hundred reported cases of operative treatment of tubercular cavities, five died during operation; seventy died within two weeks.

The results of operations and drainage of dilated bronchus are discouraging.

Tumors of the lungs are almost always metastatic, hence an operation can give no substantial aid.—*The Railway Surgeon*.—*Med. Age*.

DIAGNOSIS OF RENAL CALCULUS IN WOMEN.—Kelly (*Medical News*, Nov. 30, 1895) reports three cases in which he diagnosed the presence of renal calculus by means of instrumental exploration through the ureters.

By renal catheters he demonstrated a unilateral or bilateral pyelitis, and the grade of each.

By suction at the outer end of the catheter he brought down bits of stone for a microscopic and microchemical examination.

The color of these pieces of stone

signified a long retention in the pelvis of the kidney.

A piece of stone, black and rounded on one side, and light-colored and jagged on the opposite, was evidently broken off from a larger calculus and caught in the eye of the catheter by friction and suction.

The bruised end of the catheter was conclusive evidence of violent contact with a hard body.—*Therapeutic Gazette*.

THE ABSORPTION OF THE ALBUMINOIDS AND FATS OF A NUTRITIVE ENEMA.—Dr. R. Lépine, reviewing the physiological literature, acknowledges that the question, whether absorption takes place in the large or small intestine, remains open, because the ingenious hypothesis of Grützner, that there is a retrograde transportation of fine alimentary particles without visible antiperistalsis, has not yet been established. If this should fail of proof, it is strongly probable that some of a nutritive injection could pass through the ileocæcal valve, and thus would be partly explained the fact that a patient can live and keep his weight entirely upon rectal enemas, for all that the large intestine does not show digestive phenomena which are hardly appreciable. Physiological observation shows that the ileocæcal valve is permeable, and it is only necessary for nutritive substances to penetrate a certain distance into the ileum to meet with digestive juices which can change them and render them absorbable.—*La Semaine Médicale*, 1895.

Therapeutic Hints.

CHLOROSIS.—The late Sir Andrew Clark recommends the following treatment for chlorosis:

With careful attention to the diet and a tepid sponge, followed by brisk towelling both night and morning, he prescribes the following mixture, to be taken twice a day:—

℞—Ferri sulphat., gr. xxiv.
Magnes. sulphat., ʒ vi.
Acid. sulph. aromat., ʒ i.
Tinct. zingib., ʒ ii.
Infus. gentian comp. vel quassiae, ʒ viii. M.

Sig.—One-sixth part twice daily, about eleven and six o'clock.

"Occasionally this acid mixture produces sickness, dries the skin, and is otherwise ill borne." He then prescribes the following:

℞—Ferri sulphat., gr. xxiv.
Sodii bicarb., ʒ ii.
Sodii sulphat., ʒ ii.
Tinc. zingib., ʒ vi.
Spt. Chloroformi, ʒ i.
Infus. quassiae, ʒ viii. M.

Sig.—One-sixth part twice daily, at eleven and six.

Sometimes neither mixture agrees, and then he prescribes sulphate of iron in pill with meals and a saline aperient on first waking in the morning. By this plan Clark claims that nine out of ten cases of chlorosis recover in from one to three months, and by careful attention to the bowels, taking twice a week a pill composed of aloes, myrrh, and iron, the recovery will probably be permanent.—*Am. Med. Review.*

HAY FEVER.—

℞—Zinci valerianat., gr. j;
Pil. assafætidae co., gr. ij.

Make pills No. j. Sig. A pill to be taken two or three times a day.

—*McKenzie.*

HÆMORRHOIDS.—

℞—Acid Gallie. gr. x;
Ext. Opii gr. iv;
Ext. Belladonnæ gr. v;
Ung. Simplicis ʒ iv.

M—Sig. Apply locally night and morning.—*Hare.*

EPISTAXIS.—With the patient seated in a stiff-back chair, insert one end of a small-sized, elastic-rubber tube, from two and one-half to three feet long, with a strong silk cord passing through its lumen into the bleeding nostril. When from three to five inches have been introduced, let the patient cough; continue to introduce tube until the distal end, with its contained cord, is extruded from the buccal cavity. Vomiting, although otherwise not desirable, would accomplish the same result as coughing. Secure a medicated-cotton tampon to the mouth end of the cord, and make gentle traction upon its nasal extremity, drawing the tampon to the position desired in the posterior nares. Then slip the rubber tube off the cord, which, with the pledget of cotton, will be left *in situ*. (J. T. PITKIN, *Buffalo Medical Journal*, December, 1895.)—*Univ. Med. Jour.*

OFFICIAL LIST OF CHANGES IN THE PUBLIC SERVICE.

MARINE HOSPITAL SERVICE.

For nineteen days, ending February 19, 1896.

Murry, R. D., surgeon, when relieved at Fortugas Quarantine, to proceed to Mobile, Ala., and assume command of service, February 19, 1896.

Peckham, C. T., passed assistant surgeon, to proceed from San Francisco Quarantine to Port Townsend, Washington, and assume command of service, February 6, 1896.

Kallock, P. P., passed assistant surgeon, when relieved at Cincinnati, Ohio, to proceed to Charleston, S. C., and assume command of service February 6, 1896.

Williams, L. L., passed assistant surgeon, when relieved at Charleston, S. C., to report at Bureau, and then to proceed to Tortugas Quarantine and assume command of station, February 6, 1896.

Vaughan, G. T., passed assistant surgeon, granted leave of absence for seven days February 17, 1896.

Cobb, J. O., passed assistant surgeon, when relieved at Port Townsend, Washington, to proceed to Cincinnati, Ohio, and assume command of service February 6, 1896.

Geddings, H. D., passed assistant surgeon, when relieved at South Atlantic Quarantine, to report at Bureau for duty February 6, 1896.

Koseman, M. J., passed assistant surgeon, to assume command of the San Francisco quarantine station February 6, 1896.

Nydegger, J. A., assistant surgeon, to proceed from Washington, D. C., to Reedy Island quarantine for special temporary duty February 17, 1896. To report at Bureau preparatory to assuming command of South Atlantic quarantine February 19, 1896.

RESIGNATION.

Strayer Edgar, assistant surgeon, resignation accepted to take effect February 14, 1896.

THE NAVY.

For the week ending February 22, 1896.

February 19—Medical Director P. S. Wales, placed on the retired list from February 27th.

Surgeon D. M. Guiteras, detached from the "Montgomery" and granted six months sick leave.

Passed Assistant Surgeon L. W. Curtis, detached from duty at Indian Head Proving Ground and ordered to the "Montgomery."

Assistant Surgeon L. Morris, detached from the naval hospital at Philadelphia and ordered to the Indian Head Proving Ground.

February 21—Medical Inspector Dwight Dickinson, ordered as member of the retiring board February 28th.

THE ARMY.

From February 6, to February 19, 1896.

First Lieut. William W. Quinton, assistant surgeon will be relieved from duty at Fort Riley, Kansas, and ordered to Fort Logan, Colorado, for temporary duty.

Capt. C. N. Berkeley Macauley, assistant surgeon died February 6, 1896, at Fort Logan, Colorado.

The leave of absence on surgeon's certificate of disability, granted Capt. William O. Owen, Jr., assistant surgeon, United States Army, is extended one month on account of sickness.

Maj. Joseph B. Girard, surgeon, will be relieved from duty at the Presidio of San Francisco, Cal., and ordered to Jefferson Barracks, Missouri, for duty at that post, relieving Maj. Robert H. White, surgeon.

Maj. White, upon being relieved

from duty at Jefferson Barracks, will proceed to Presidio of San Francisco, Cal., for station.

First Lieut. William W. Quinton, assistant surgeon, is relieved from temporary duty at Fort Logan, Colorado, and ordered to Fort Grant, Arizona, for duty at sub-station San Carlos, Arizona, relieving First Lieut. Paul F. Straub, assistant surgeon.

Lieut. Straub on being thus re-

lieved, is ordered to Angel Island, Cal., for duty at that station, relieving First Lieut. Charles E. B. Flagg, assistant surgeon. Lieut. Flagg upon being thus relieved, is ordered to Fort PuChesne, Utah, for duty at that post, relieving Capt. Henry P. Snyder, assistant surgeon. Capt. Snyder, upon being thus relieved, is ordered to Fort Ethan Allen, Vermont, for duty at that station.

Miscellaneous Items.

The Forty-seventh Annual Session of the American Medical Association will be held in Atlanta, Ga., on Tuesday, Wednesday, Thursday and Friday, May 5, 6, 7 and 8, commencing on Tuesday, at 10 a. m.

The directors of the Post-Graduate Medical School and Hospital have named one of their wards in memory of the late Dr. Charles Carroll Lee, who was for many years a professor in the institution. They have placed a tablet in the ward, giving the names of those who combined to contribute the \$10,000, which was given for the purpose of the memorial. These names are as follows: Dr. Robert Abbe, Dr. L. Bolton Bangs, Mrs. James Beales, Dr. Stephen S. Burt, Miss Caldwell, Dr. Charles L. Dana, Dr. Bache McE. Emmet, Dr. George H. Fox, "A Friend," Dr. Horace T. Hanks, Mr. and Mrs. Eugene Kelly, Mr. and Mrs. Henry J. Lamarche, Dr. Daniel Lewis, Mr. and Mrs. William Lumis, Mr. and Mrs. Frank A. Otis,

Dr. Clarence C. Rice, Mr. Eli K. Robinson, Mr. Nelson Robinson, Dr. D. B. St. John Roosa, Mrs. Eliza M. Sloan, Dr. Andrew H. Smith, Mrs. M. E. Sparks, Dr. Reynold W. Wilcox. It will be seen that the faculty of the institution participated largely in the memorial gift.

Some of the children of the public schools in Northamptonshire, Eng., have adopted a new ruse for avoiding school. They rubbed their bodies with the juice of the plant called "Patty Spurge" which caused a plentiful supply of blisters. On account of the peculiar rash they were detained from school.

Yellow fever is "getting in its fine work" especially among the unacclimatized Spanish soldiers in Cuba—and the patriots are happy.

Two deaths are reported in the *Boston Medical and Surgical Journal* from hydrophobia following the bites of dogs not supposed to have rabies.

In neither case was the Pasteur treatment used.

And now they say the Queen of Portugal has *not* obtained a medical diploma.

A bill to regulate the sale of patent medicine is before the Massachusetts Legislature. It requires the seller of any patent medicine to present to the State assayer the formula of same and the assayer shall place upon each bottle the amount of alcohol or liquor of any kind contained in the bottle or package. They should also state in plain terms the amount of opium and other narcotic drugs contained in the preparations.

A bullet in the leg of a patient in the Montreal Hospital was located by the X-rays. On operation it was found in the exact spot indicated and successfully removed.

The New York *Times* states that the Röntgen rays have made a disclosure of an archeological fraud. The Vienna Museum has for some time possessed as its chief treasure an Egyptian mummy, which is swathed to resemble a human being. The X-rays revealed the skeleton of a large bird. It is evidently not far off when we will be able to learn the true inwardness of things.

It is announced that Bellvue Hospital Medical College and the Medical Department of the City of New York will extend the time of their course to four years, to begin with the next session.

The Legislature of Virginia has passed a bill providing for the appointment of female physicians to the female wards of the insane asylums.

The jury of the Superior court of Sampson county rendered a verdict of acquittal in the case of the State against Dr. Fleet J. Cooper for the robbery of the Express Company at Roseboro.

The Clinical Record will record quarterly the work of the faculty of the New York School of Clinical Medicine.

The Medical Council is a new monthly, the first issue of which has been received. It is published in Philadelphia and is edited by Dr. J. J. Taylor.

THE "X" RAYS—The new rays have been discovered to exist in the flame of a Bunsen burner and of a paraffin candle, though they are much weaker. Professor Salvioni, to whose work in this line reference has been made in a previous issue, now claims to have discovered a means by which these radiations may be made to assist the eye so far as to enable it to see through all objects which the rays can penetrate, thus revealing the contents of a closed space.—*Medical Record*.

The crew of the American ship *El Capitan*, which has just arrived in New York harbor from Japan, have been victims on the voyage of what is known in seafaring vernacular as "moonblink." The captain reports

that the men slept on deck in the moonlight for nine nights while passing through the China Sea. At first they suffered from night-blindness, and later they could not see at all on account of suppuration and ulcers of the lids. The constant bathing with salt water and the improved air after rounding the Cape of Good Hope helped to restore a healthier condition, but some of the men are still suffering, and one will probably lose his sight entirely.—*Med. News.*

SAVED BECAUSE HIS HEART WAS RIGHT.—A man in Indiana was shot the other day and would have been instantly killed if his heart had been in the normal position, for the ball from his assailant's revolver passed directly through his body at the place where his heart ought to be. Fortunately the man had transposition of the viscera, his heart being on the right side. The ball touched none of the great vessels and the man will probably recover.—*Med. Record.*

THE INSANE IN CALIFORNIA.—A California paper comments on the fact that that State, with fewer inhabitants than New York City, has five great insane asylums, with about forty-five hundred patients.—*Med. Record.*

NECROLOGY.

SOME RECENT DEATHS AMONG PHYSICIANS.

John Howard Ripley, M.D., aged 58, of New York, in Florida, February 14.

Richard M. Hodges, M.D., of Boston. He was surgeon to the Massachusetts General Hospital and adjunct professor of surgery in Harvard University.

William S. Armstrong, of Atlanta, February 11.

Joseph E. Salter, M.D., aged 36, at Bayonne, N. J., February 25.

Cornelius George Comegys, M.D., aged 89, at Cincinnati, February 10.

Jno. W. Taylor, M.D., aged 70, at Shelleyville, Ky., February 8.

J. L. Phythian, M. D., aged 62, at Newport, Ky., February 12.

Professor Joseph Jones, M.D., aged 63, at New Orleans, La., January 17. Dr. Jones held the chair of chemistry and clinical medicine in the medical department of Tulane University, having been connected with the school for more than a quarter century. He was widely known as one of the most distinguished physicians of the South, and has made many valuable contributions to medical literature. Among positions of trust and honor which Professor Jones filled with distinction are Visiting Physician to Charity Hospital, N. O.; Surgeon of the Confederate States; President Louisiana State Board of Health; President Louisiana State Medical Society in 1888; etc. etc.

A. B. Pierce, M.D., at Weldon, N. C., February 21, after an illness of about four weeks. Dr. Pierce was one of the oldest and most honored members of the State Medical Society. He became a member in 1852, and his name was second on the list of members.

L. L. Sasser, M. D., of Smithfield, at Richmond, Va., February 24.

Reading Notices.

NEUROSINE.—The most powerful neurotic attainable, anodyne and hypnotic. A reliable and trustworthy remedy for the relief of hysteria, epilepsy, neurasthenia, mania, chorea, uterine congestion, migraine, neuralgia and all convulsive and reflex neuroses. The remedy par excellence in restlessness of pure bromides of potassium, sodium and ammonium, zinc, extract belladonna, cannabis indica and cascara sagrada with Aromatic elixirs, the medicinal efforts of which the profession are well acquainted.

GREAT RELIEF.—J. Ringwood, L. R. C. P. I. and L. M. L. R. C. S. I., Kells, County Meath, Ireland, writes:

"I have had the most satisfactory results from the use of Lilly's Glycones. Besides their certain gentle action on the bowels, they give the greatest relief in all cases of pelvic congestion, pruritus and internal hemorrhoids."

"NEW YORK, Aug. 12, 1871.

"*Mr. S. H. Kennedy, Johnstown, N. Y.*

"MY DEAR SIR.—Replying to your favor of the 5th, regarding the use I made with the 'White Oak Extract, Q. Alba,' will say: After using it to my entire satisfaction, I gave it to one of my professional brethren, and asked him to use it and give me the benefit of his opinion as a medicinal. He has done so, and agrees with me, that it is the article you should have introduced to the medical profession, in the place of the 'Hemlock Extract, Pinus Canadensis.' It is superior as a medicinal.

"'White Oak Tannin' in powder form is well known to the profession, but in this form of Concentrated Extract it is more effective and convenient for use. I make this suggestion now, and, if your business interests will permit, I advise you to substitute the 'White Oak, Q. Alba,' in place of the Hemlock, Pinus Canadensis, for if some enterprising chemist should find out your process for making the

'Oak Extract, Q. Alba,' he would be a formidable competitor, and would embarrass your efforts in securing the physicians' confidence in the 'Pinus Canadensis.' I be-speak for this new 'Oak Extract, Q. Alba,' a cordial reception by the profession.

"Yours very truly,
"J. MARION SIMS, M.D."

Extract from an article on "rheumatism, its Pathology and Modern Treatment," read before the Lucas County Medical Association, December 14, 1895 by R. H. Timpany, M. D., Toledo, Ohio.

"In summing up the testimony, it is clear to be seen that the salicylates are a most valuable remedy in acute rheumatism as well as some of the chronic forms. As a matter of fact, the beneficial results obtained is something like 71.8 per cent. In two cases, one of which was acute and the other that might be classified in the sub-acute stage, I received the most gratifying results in the preparation known as Tongaline. There seems to be in this preparation just enough of the salicylates to have the desired effect upon the disease proper and yet produce little effect on the circulation. It is a well known fact that when the salicylates are thrown into the veins, the effect is to increase the energy of the systolic contractions, the number of pulsations and the blood pressure. It seems that under the influence of increasing doses, the vessels dilate, the blood pressure falls and finally the heart is arrested. In the resume of the use of the salicylates I am led to believe that the heart lesions which follow rheumatism can be traced more pointedly to the toxic doses of the salicylates than the disease itself. But the preparations, which I have heretofore mentioned, combined with its other ingredients, fail to produce those distressing and disagreeable features which doubtless many of you have encountered."

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No. 6.

Original Communications.

THE NECESSITY OF COMPLETE EXTIRPATION OF TUMORS AND THE IMPORTANCE OF RAPID CICATRIZATION OF THE WOUND.

BY FREDERICK HOLME WIGGIN, M.D., Visiting Surgeon to the New York
City Hospital (B. I.), Gynæcological Division.

Neoplasms occur with greater frequency in the female than in the male subject. Statistics show that the breast, next to the uterus, is the most usual site of these morbid changes—seventeen per cent. in the latter. Williams found in a collection of 13,824 primary neoplasms, 2,397 cases in which the female breast was affected, while only 25 similar cases were found to exist in males. We may, therefore, with propriety limit ourselves in considering and answering the questions of the necessity of complete extirpation of tumors and the importance of the rapid cicatrization of the wound to the neoplasms of this region in the female. It may be well once more to call attention to the fact that malignant growths occur in all parts of the body more frequently than do those which are more benign. According to Williams, 95 per cent. of all breast neoplasms are malignant. This preponderance of malignant tumors, coupled with the fact that at times benign neoplasms take on malignant characteristics, proves at once the fallacy of the widespread belief which, contrary to the teaching of Gouley and others, still continues to exist in the minds of many general practitioners, that as long as a tumor remains quiescent it is unwise to remove it. This idea undoubtedly origi-

*Read at the Twelfth Annual Meeting of the New York State Medical Association, October 16th, 1895, as a part of the discussion on Surgery.

nated in the dread which surgical procedures, undertaken for the relief of these morbid conditions, inspired in the minds of both patient and physician, partly on account of the high rate of mortality which formerly followed them, and partly because they seldom afforded even temporary relief to the sufferer. We can hardly wonder that these patients, failing to receive encouragement that their condition could be materially benefited by drugs or operative measures, should either do nothing or should, in their despair, turn towards the charlatan in the vain hope that possibly he could in some degree make good his promises of cure.

While, undoubtedly, this was a true statement of the results of the treatment employed by physicians a few years since, it is by no means a fair representation of the case to-day, and it is the purpose of this paper to show why the older surgeons so often failed in their treatment of this class of cases, and the methods by means of which so much better results are obtained with certainty to-day and the surgeons enabled to hold out hope, if not of cure, of long periods of freedom from the disease. The most frequent cause of death following these operations in the past was septic infection; but thanks to the discoveries of Pasteur, and their adaptation to surgical practice by Lister, and the changes which have finally ended in the aseptic technic of the present day, the mortality following these operations has been reduced from 25 per cent. to practically none.

Said Dr. J. W. S. Gouley in the course of a discussion on tumors before this Association in 1888, "From a scientific standpoint, it cannot be said that malignant neoplasms are ever cured, since it is known that their tendency to recur is strong and that the period of their recurrence is indefinite." But it is a well-established fact that after three years have elapsed, the tendency to recurrence is slight, and for the purposes of this discussion this period of immunity will be considered as the test of success of the methods employed by the surgeon. Formerly, when it was customary to remove only the tumor, the results were unsatisfactory, and few surgeons succeeded in giving their patients this period of immunity. If we accept the cellular theory of the genesis of neoplasms, it can be readily understood, as has been pointed out by Williams, that these lesions are seldom limited to their starting point. Sir Astley Cooper, in the course of his lectures on surgery, published in 1839, page 386, said, "I would observe that the scirrhus tumor is not all the disease; there are roots which extend to a considerable distance, and if you would remove the tumor only and not the roots, there will be little advantage from the operation." Again the same author in his lectures on surgery published in 1821, Lecture XXI., page 251, in describing the technic of the operation of excision of a mamma containing a malignant tumor, said, "Let both the incisions be carried down to the pectoral muscles and dissect out the tumor close to the latter, so as to lay it completely bare, removing even

the fascial covering, for if this be not minutely attended to, there will be a very great probability of the disease returning, or I may say with propriety, remaining." Again, "The glands in the axilla, if enlarged, are now to be cautiously removed, together with the intervening substance, as leaving the latter would be the future cause of a similar disease being produced." In 1866, Charles H. Moore, F. R. C. S., in his paper entitled, "On the Influence of Inadequate Operations on the Theory of Cancer," *Medico-Chirurgical Transactions*, vol. L, page 245, said, "When any texture adjoining the breast is involved in, or even approached by the disease, that texture should be removed with the breast. This observation relates especially to skin, to lymphatics, to much fat and to pectoral muscles. The attempt to save the skin which is in any degree unsound is, of all errors, the most pernicious, and whenever its condition is doubtful, that texture should be freely removed. In the performance of the operation, it is desirable to avoid not only cutting into the tumor, but also seeing it; no actually morbid texture should be exposed, lest the active microscopic element in it be set free and lodge in the wound. Diseased axillary glands should be taken away by the same dissection as the breast itself, without dividing the intervening lymphatics; and the practice of first roughly excising the central mass of the breast and afterwards removing successive portions which may be of doubtful soundness, should be abandoned. Only by deliberately reflecting the flaps from the whole mamma and detaching it first at its edge, can the various undetected prolongations of the tumor and outlying nodules be included in the operation. To parts not capable of removal, it is desirable to apply chloride of zinc."

It would appear that Sir Astley Cooper was the first to recognize the fact that the disease was not confined wholly to the mamma where it originated, that in cases of scirrhus tumors of this region, the axillary, infra and supra, clavicular glands early become infected and enlarged and should be removed, that the incision should be made wide of the disease and down to the pectoral muscle; and he advocated the removal in all cases of the pectoral fascia. He called attention to the fact that the reappearance of the disease is often not a true recurrence but a "remaining" or continuance of the disease. In other words, the operation has been an incomplete and, therefore, unsuccessful one when, after a short interval, the disease reappears locally and cannot be considered a reinfection. Had he left out the words "if enlarged" in his advice to clear out the axilla, little would have been left for the so-called originators of the modern, complete operation to discover. In these views, Moore coincided, reiterating the importance (1) of the complete removal of the diseased organ, (2) of the necessity of cutting so wide of the disease that none of it should appear in the course of operation and (3) the removal in one mass of all the tissues (including a liberal margin of apparently healthy skin).

Notwithstanding this sound and brilliant teaching, surgeons continued to perform partial operations only. Dr. Curtiss in the course of his article entitled "The Cure of Cancer by Operation," *Medical Record*, February 24th, 1894, said, "Gross found in those cases subjected to operation in which the site of recurrence is noted that in 96 cases operated upon without touching the glands, the disease reappeared in the cicatrice or vicinity alone in 48 per cent., in the axillary glands alone in 20 per cent., and in both in 52 per cent., returning in the glands in 52 per cent. of the cases. On the other hand, in 313 cases in which the axilla was cleared, the percentage of recurrences was 75 locally, twelve in the glands, and thirteen in both; a reduction of the glandular recurrences from 52 per cent. to 25 per cent." These statistics showed the importance of including the axillary glands in the tissues to be removed. But Küster was probably the first to prove that the glands may be infected and, therefore, a source of continuation of the disease before they begin to enlarge. Volkman called attention to the fact that the loose areolar tissue between the glands and the pectoralis major muscle contains glandular offshoots and lymphatics which, in malignant cases, are diseased. Heidenhain proved that these lymphatics may adhere to the fascia without penetrating it, and that there is not free communication between them and the lymphatics of the muscle. With the recognition by Volkman, Banks, Gross, Bull, Dennis and others of the importance of these views and their practical adoption, came a marked diminution in the percentage of recurrences or, more properly speaking, continuance of the disease, the cures amounting to about 20 per cent. Bull has lately, in the course of an article entitled, "The Cure of Carcinoma of the Breast by Radical Operation," *Medical Record*, volume 46 page 225, stated his individual results to be 26.6 per cent.

Dennis, in his article entitled, "Recurrence of Carcinoma of the Breast," read before the American Surgical Association in 1892, stated that 25 per cent. of the cases of carcinoma of the breast operated upon by him had passed the three-year limit without recurrences, and subsequently, at a recent meeting of the Litchfield County (Conn.) Medical Association, "that in a series of fifteen of his last cases, the results show 83 per cent. of recoveries," and in those cases which were operated on by him within six months of the appearance of the disease, "cures had been secured in all cases."

Volkman, in a few of his worst cases, excised the pectoral muscles, as well as the other tissues ordinarily removed by him. This addition to his technic was followed by results more satisfactory than his previous ones, the disease reappearing in only 35 per cent. of these cases against 60 per cent. in those cases in which the muscles were left intact. Halsted, acting on this suggestion, has for some time included this procedure in his operations for the removal of carcinomatous mammæ with apparently wonderful results, he stating the so-called recurrences to be only 6 per cent. in the cases operated on

by him from June, 1889, to January, 1894, but in many of these cases sufficient time had not elapsed when his paper was written, to make the test either a fair or satisfactory one.

Professor W. H. Welch, in the course of the discussion previously alluded to, held before the Litchfield Medical Association, confirmed the necessity of this addition to the technic, for he said, "that frequently microscopical examinations of the pectoral muscles in cases in which there was no appearance of cancerous deposit, showed a plugging up of a lymphatic by a group of several cancer cells; therefore," he said, "the rule for cutting wide of the disease has the very best foundation in microscopical examination." He also added that "a carcinoma was always unquestionably a malignant tumor, but microscopical examinations of sarcomata did not allow one to speak with the same assurance as to the malignancy of these tumors. Thus, sarcomata might be localized and never give rise to metastasis.

By a complete operation, then, is meant one that not only removes the entire mamma and all the skin that surrounds it, but the axillary glands and those contained in the infra and supra clavicular space as well as those that lie between the edges of the pectoralis major and deltoid muscles, the loose areolar tissue underlying the gland, and the fascia covering the great pectoral muscle; and if more than six months has elapsed since the detection of the primary neoplasm, the pectoral muscle as well, the incisions being carried wide of the diseased tissues, which are removed in one mass, thus avoiding the danger of dissemination of cancerous fragments in the wound, the smallest particle of which is sufficient to form a nucleus for recurrence or continuation of the disease.

Halsted, Mayer, and Curtiss report that but little of deformity and functional disturbance follows the extirpation of the pectoral muscles, major and minor.

There can be at this time little doubt that the reason of the failure of the older surgeons to obtain satisfactory results was due, in the first place, to septic infection, and in the second place, to late and incomplete operations. The remedy seems at present to be largely in the hands of the general practitioner, as well as in those of the surgeon, for, as we have seen, much depends on the promptness with which the operation is advised and performed. Too much stress cannot be laid on the importance of the complete extirpation of neoplasms, for upon the thoroughness with which this is accomplished, depends the cure or interval of immunity from the disease. To the question of what importance is the rapid cicatrization of the wound, it may be answered that while it is of consequence that every wound should heal as rapidly as possible, in the cases we have been considering, it should be deemed a matter of secondary importance to the free removal of the tissues adjacent to the diseased structures. The rapid healing of the wound may be pro-

moted by skin grafting according to the method of Thiersch, or by Schede's method of the organization of the blood clot.

With a better understand on the part of the general practitioner of the necessity for the early extirpation of all neoplasms, especially of those of the mammary region, and on the part of the surgeon of the vital importance of the complete operation, it seems reasonable to expect that in the near future the surgeon's art will triumph over this mortal foe of womankind, and that a reasonable hope of cure can be confidently offered those afflicted with this most malignant of diseases.

CASE OF TUBERCULAR BRAIN TUMOR.

By JOS. L. SPRUILL, M.D., Assistant Resident Physician, St. Agnes Hospital, Baltimore, Md.

While cases of this character are by no means rare, hundreds being on record, yet by the careful and close observing practitioner, no case of brain tumor can be seen without some interesting feature. Having that fact in view then, I desire to call attention to the following case.

W. E., aged 40, nationality English, was admitted into St. Agnes Hospital on June 11, 1895. The patient, who was a stone-cutter by trade, gave history of having been healthy until two years prior to admission, since which time he had coughed almost incessantly. Upon examination he was found to be suffering from pulmonary phthisis. Patient was put on creosote, small doses at first, increased by one drop daily until 30 drops t.i.d. were administered. Upon this treatment patient did remarkably well. His cough was in a great measure relieved, appetite and digestion improved, and he was on the point of being discharged as well enough to return to work, when the following symptoms began to develop: On November 25th, he began to suffer from nausea, vomiting and some vertigo. We at first attributed his gastric disturbance to over doses of creosote, and the remedy was promptly withdrawn. His symptoms grew worse, and he soon began to complain of increased vertigo and also of severe occipital headache. No treatment gave relief and patient's condition began to assume a grave aspect, being unable to retain food to any amount, and the pain in head assuming an agonizing character, with dizziness increasing to such extent as to prevent his standing without support. This condition of affairs continued about three weeks, during which time patient took little food and lost quite an amount of flesh, but showed no return of cough, nor did he expectorate. Signs of paralysis

now began to develop; paralysis of tongue and vocal organs being first noticed. This was quickly followed by marked optic neuritis and paralysis of muscular coats of bladder requiring catheterization.

Unconsciousness came on slowly, followed by profound coma in which condition, four days later, patient died.

From time of first symptoms of paralysis the bowels remained obstinately constipated, requiring enemata, purgatives having no action. At beginning of paralysis tubercular growth in brain was diagnosed. Post-mortem examination showed tumor about the size of a walnut, situated on the left anterior inferior surface of the cerebellum, pressing indirectly on the 4th ventricle.

Careful examination of the brain substance showed presence of minute nodules along the course of some of the blood vessels.

The growth presented a grayish appearance, was rather soft in structure and stood out prominently from the brain substance.

Subsequent microscopical examination of growth showed presence of tubercle bacillus.

Society Reports.

SECTION ON OPHTHALMOLOGY, COLLEGE OF PHYSICIANS OF PHILADELPHIA.

A Stated meeting of the Section on Ophthalmology was held in the Lower Hall of the College of Physicians, on 17th of December, 1895, Dr. Wm. F. Norris, Chairman, presiding. Present: Drs. Friebis, Hansell, Harlan, Norris, Oliver, Shaffner, Thomas, Thomson, and Zentmayer, Fellows of the College; and Drs. Chance, Krauss, Perrine, Shoemaker, Sulzer, A. G. Thomson, and Zeigler as guests.

Dr. Geo. C. Harlan made some remarks upon the so-called "Corneal Reflex" seen in ophthalmoscopic examination by the direct method. Dr. William Thomson stated that he was very much interested in the paper, having made some experiments with both convex and concave lenses upon distant points of light, and had been able to obtain a series of both interesting and valuable entopic phenomena by the use of artificial eyes or any small object with a small radius of curvature which was about equal to that of the human eye. He had been able to discover slight corneal haze and lenticular opacities. He considered that the method was of clinical value in determinations regarding the transparency of the various media of the eye.

Dr. Howard F. Hansell spoke of the entopic appearance of vitreous opaci-

ties in uncorrected myopia; these totally disappearing when proper corrections are placed before the eyes. Dr. Charles Shaffner considered that some entoptic phenomena seen in myopia might be dependent upon disturbances situated in the intra-ocular circulation producing a low grade of engorgement and inflammatory reaction, and that vitreous opacities so caused, disappear only gradually or not at all.

Dr. Charles A. Oliver read a paper upon the "Therapeutic Value of Hydrobromate of Scopolmine in Plastic Iritis," in which he showed that for quick and active measures, which are so necessary in the incipient cases of this form of disease and during the early stages of inflammatory reaction, the drug is very important; but where prolonged use is necessary, as in many cases of the chronic form of the disease with sub-acute exacerbations, the good effect does not seem to be so lasting. For these reasons, he has learned empirically to depend upon the drug where prompt action is necessary, but where more permanent effects are desired, he alternates its use with that of atropine. This was discussed by Drs. Hansell, Harlan, Thomas, and Shaffner, who inquired as to its relative value as compared with other mydriatics. Dr. Friebis spoke of the general effects of several of the stronger mydriatics. To these queries, Dr. Oliver replied that in the dosages in which he had employed the drug, he had never seen any symptoms of poisoning, although in several of the cases in which he had used it freely, there were, at times, giddiness, incoördination of movement, and drowsiness. In regard to the question of intra-ocular tension, he intended to perform a series of experimental researches and to make a relative study of the other mydriatics with which the drug has been usually thought to be associated, or, in fact, considered identical.

Dr. Charles Hermon Thomas exhibited the latest and most improved form of Stevens' Tropometer, by which a magnified view of the cornea appears against an illuminated scale, thus allowing an observer the exact register in degrees of arc measurement of the movement of the cornea across the scale from any definite point, thereby giving an index, as it were, of the length of excursion that is performed by any series of extra-ocular muscles in order to obtain the extremes of motion in either the horizontal or vertical meridians. He considered the instrument of value in the estimation not only of the manifest and the latent types of heterophoria and heterotropia, but of value in the recognition of paretic condition of the muscle groupings.

Dr. Thomson related a brief history of a case in which the instrument evolved an absolute distinction between the directions of faulty action in a vertical strabismus which could not be determined in any other known way. Dr. Thomas gave the details of a similar case, and stated that he had received a letter from Dr. Geo. T. Stevens in regard to the liability of error in the reading of the measurements that is apt to arise unless the eye is abso-

lutely primarily fixed upon the point of fixation; this, however, he had in a great measure provided against by change in instrumentation, whereby the head of the patient is kept almost motionless by clenching a removable wooden bit between the teeth.

Dr. William Zentmayer exhibited a case and showed a drawing of a cilio-retinal artery in which the two main branches extended into the macular region.

The Section then went into Executive Session. Upon motion, adjourned.

CHAS. A. OLIVER, M.D., Sec'y.

Selected Papers.

SURGICAL DISEASES OF CHILDREN.

BY RAYMOND JOHNSON, M.B., B.S., F.R.C.S.

RADICAL CURE OF HERNIA.

The subject of the radical cure of hernia in children continues to receive much attention, both as regards the selection of cases suitable for operation and the relative advantages of the different methods. In the discussion at the London meeting of the British Medical Association, the consensus of opinion was in favour of operation in children of more than one year old, when any difficulty occurs in the retention of the hernia with a truss. Among the many practical points insisted upon by the different speakers in the management of herniæ in childhood were the careful regulation of the diet, the treatment of phimosis by circumcision, and the advantages of the simple Berlin-wool truss in infants of under nine months old. Macewen's operation was especially advocated and as far as practicable the recumbent position for several weeks afterwards was advised. Schoenfeldt (*Archiv für Kinderheilkunde*, 1895, p. 66), after a full consideration of the subject, comes, amongst others, to the following conclusions regarding operations for inguinal herniæ: 1. In all reducible herniæ an attempt should be made to bring about a cure by the use of a light truss. 2. The association with ectopia testis may render the use of a truss impossible and be an indication for operation. 3. Operation should be performed in cases of very large scrotal hernia, and in all cases in which considerable difficulty is met with in the treatment with a truss. 4. After the operation the use of a truss is not only unnecessary but actually harmful. W. B. Coley of New York (*Annals of Surgery*, 1895, vol. i.p. 389) reports 200 cases of operation for radical cure of hernia, 138 of which were performed in children under fourteen. The fact that these 138

cases were selected from upwards of 4,000 shows that the rule of reserving the operation for exceptional cases was strictly observed. Bassini's operation for inguinal hernia is preferred to all others, and kangaroo-tendon is substituted for silk for the buried sutures. Silk, silkworm-gut, and silver wire are discarded on the ground that, although perfectly aseptic, they may give rise to sinuses which do not heal until the sutures are removed. No relapse had occurred in 160 cases treated by Bassini's method—a strong testimony to the favour in which the operation is now held. It must, however, be remembered that excellent results have been obtained in children by much less extensive operations, such, indeed, as the simple ligature of the neck of the sac without laying open the inguinal canal.

It is universally agreed by surgeons that umbilical herniæ in infants are almost always curable by the use of a simple retentive apparatus. Cahier, in an exhaustive review of this subject (*Revue de Chirurgie*, April, 1895), agrees that this is so up to eighteen months or two years. Whilst from two to ten years cure may still be looked for in the children of the well-to-do, yet in the ill-tended children of the poor, operation may be necessary. Strangulation is extremely rare, and irreducibility is not common; occasionally operation is called for on account of gastro-intestinal disturbances caused by the hernia.

CONGENITAL DISLOCATION OF THE HIP.

Much attention is still being devoted by Continental surgeons to the relief of this condition by orthopædic or operative measures. The fact seems established that in young children the changes met with in later life are not present—the acetabulum is large enough to receive the head of the femur and deep enough to retain it in position. An attempt should therefore be made to reduce the dislocation within the first few years of life by the use of suitable apparatus.

Mikulicz (*Archiv für klin. Chirurgie*, Bd. xlix., Hft. 2) has used with success an apparatus by which extension is applied whilst the limb is abducted and rotated outwards. The limbs are fixed to posterior wooden splints which are hinged together at their upper ends so that any degree of abduction can be maintained by separating their lower ends. Sliding in a groove on each splint is a wooden trough in which the limb lies; the troughs give attachment to the weight extension, and can be rotated to any extent required. The apparatus is only applied during ten or twelve hours a day, but at other times pressure is kept up on the trochanters by a special corset. The full degree of extension, abduction, and external rotation is gradually reached in about three months. Of five children varying in age from four months to four and a half years, in whom this treatment was adopted, three were cured and two much improved. In the three completely successful cases the head of the femur was so firmly fixed in the acetabulum that it could not be dis.

placed by full flexion, adduction and internal rotation. Schede (*Verhandlungen der deutschen Gesellschaft für Chirurgie*, xxiii. Kongress; and *Annals of Surgery*, 1895, vol. i. p. 348) finds that in children who have not yet walked reduction can be effected by simple traction and slight abduction, and that the head of the femur can be retained in position by moderate pressure on the trochanter. Even after the second or third year, when secondary changes in the bones have occurred, reduction can be effected by continuous extension for a few weeks or months, combined with abduction and pressure over the trochanter. This is attained by the use of a special apparatus during the day, and a light-weight extension at night. Lorenz (*Centralblatt für Chirurgie*, 1895, pp. 153 and 761), as the result of his study of the affection, has devised a mechanical treatment which has proved most successful in suitable cases. The head of the femur is drawn towards the acetabulum by the application of weight extension for not more than eight, or at the most fourteen, days. The actual reduction is effected under anæsthesia by the careful use of a screw-extension apparatus which is applied to the limb in a strongly abducted position, whilst counter-extension is kept up by the use of a perineal band. When the top of the trochanter has been drawn down to its normal level, or even below it, extension is kept up for a few minutes in order thoroughly to stretch the soft parts. Whilst extension is still maintained, an attempt is now made by extreme abduction to engage the head of the femur beneath the upper border of the acetabulum. If necessary, the abductors may be divided at this stage. By combining the abduction with a slight degree of internal rotation, reduction can in exceptional cases be at once effected. As a rule, however, prolonged pressure on the trochanter is required to adapt the head of the bone to the acetabulum. The details of the further treatment are not described, but by allowing the patient to stand and walk on the abducted limb, the weight of the body is made use of to wedge the head of the bone into the narrow acetabulum.

Of the various operative procedures devised for the treatment of congenital dislocation of the hip, that of Hoffa is the most widely known. As originally practised, this operation consisted in freely exposing the joint by the Langenbeck resection incision after a free division, partly subcutaneous and partly open, of the surrounding muscles. The upper end of the femur, being then freely denuded of its muscular attachments, was turned out of the wound whilst the acetabulum was sufficiently deepened with a curette. In his later cases, however, Hoffa has endeavoured to spare the muscles as much as possible, and in the *Archiv für klin. Chirurgie*, Bd. li., 1895, he gives the results obtained in 112 operations performed on eighty-two patients, in thirty of whom the dislocation was bilateral. In all, there were seven deaths: three from intercurrent diseases (pneumonia, intestinal catarrh, and diphtheria), three as the direct effect of prolonged operations in young children, and one

possibly from iodoform poisoning. The last forty-seven operations were performed without a single accident. In nine cases ankylosis occurred, and in eleven there was recurrent dislocation. In the remaining cases the results were satisfactory and the improvement steadily increased; the affected limb was lengthened, and in the bilateral cases the lordosis and waddling gait were much lessened. Lorenz (*Sammlung klin. Vorträge*, No. 117, 1895, and *Annals of Surgery*, 1895, vol. i. p. 727) regards the preservation of the muscles intact as a most essential part of every operation in these cases, and believes that the muscles inserted into the trochanters, being lengthened and not shortened, offer no resistance to the reduction of the dislocation. In the least severe cases an assistant makes traction on the limb in a slightly abducted position. The joint is then exposed through an incision along the outer border of the tensor vaginæ femoris, commencing at the anterior superior spine of the ilium. The capsule is opened in front, the acetabulum gouged out, and the head of the femur placed in it. In more difficult cases extension is obtained by means of screw apparatus at the foot of the table. After the operation the limb is fixed with plaster of Paris in a slightly abducted position. The child is allowed to leave its bed on the fifth or sixth day, the dressing is changed on the tenth day, and the plaster is removed in the fourth week. Gymnastics massage are then practised. The first twelve cases were operated upon under unfavourable conditions and gave correspondingly unfavourable results. One hundred operations were then performed without a death, the wound in all but one healing by first intention. In three cases the movement obtained was very limited, in two cases the dislocation backwards recurred, and in eleven cases the head of the bone became displaced forwards. The slight limp noticeable after the operation became less month by month, and in children operated on between one and two years of age it became inappreciable. Although it is true that much difference of opinion exists as to the advisability of resorting to operative interference for the relief of this deformity, it must be allowed that the results obtained by Hoffa and Lorenz appear to afford strong testimony in its favour.

SEPARATION OF THE LOWER EPIPHYSIS OF THE FEMUR.

A. H. Meisenbach of New York has recorded two interesting cases of this accident—one traumatic and the other pathological. In the traumatic case (*Medical Record*, October 5th, 1895), the patient was a boy aged 11 years, and the separation was caused by the limb being caught in the wheel of a vehicle. The lower four inches of the diaphysis protruded through a wound in the outer part of the popliteal space. Reduction was effected under chloroform, the wound was treated antiseptically, and the limb fixed on a back splint. Death resulted from shock forty-eight hours after the accident. Examination showed that the displacement had been completely reduced; the periosteum was stripped from the part of the femur which had protruded and the

soft parts of the ham were much lacerated. The second case (*Annals of Surgery*, 1895, vol. i. p. 157), a girl of thirteen years, was first seen by Meisenbach nearly two years after acute suppuration had occurred about the lower end of the right femur. Incisions had been made, but no splint had been applied. Complete separation of the epiphysis had occurred, and the necrosed extremity of the shaft protruded fully an inch through an opening on the anterior aspect of the knee. The treatment consisted in removing the separated epiphysis and the lower three inches of the shaft of the femur, together with the patella and the articular surface of the tibia. A useful limb with shortening to the extent of four and a half inches was obtained. The writer draws especial attention to the opposite directions in which the displacement took place in these two cases, and believes that they illustrate the general rule that in traumatic separation of the epiphysis the end of the diaphysis is displaced backwards into the popliteal space, whereas when the separation follows inflammatory affections of the epiphysial line, the epiphysis is found to lie behind the lower end of the shaft. As helping to explain this difference, it is pointed out that in traumatic separations the injury is usually of a twisting character, and applied to the limb in a more or less extended position, and that the resistance of the anterior muscles hinders displacement of the diaphysis forwards. In cases of osteomyelitis, on the other hand, the backward displacement of the epiphysis may, in some instances at least, be explained by the already existing flexion of the knee joint. Meisenbach very rightly insists on the importance, in such cases, of keeping the limb extended on a splint, in order to prevent displacement of the epiphysis should separation take place.—*The Practitioner*.

INDICATIONS OF TREATMENT IN THE CASE OF UTERINE MYOMATA.*

BY GEORGE T. HARRISON, M.D., NEW YORK.

It is my purpose in this introductory paper to define, with as much precision as possible, the indications of treatment of uterine myomata under the varying conditions which they present. In order to this I would propound the following queries:

1. In the case of uterine myomata, when is a symptomatic and expectant plan of treatment indicated?
2. What are the conditions that demand radical therapeutical measures—in other words, surgical intervention?

*Read before the New York Obstetrical Society, December 3, 1895.

3. The indication being a radical operation, when should vaginal total extirpation be the method adopted, and when abdominal?

4. Under what circumstances is supravaginal amputation to be preferred to total extirpation?

5. When is enucleation, *morcellement*, or Emmet's traction method *per vaginam* demanded?

In dealing with this morbid condition surgically, the operative technique has, in the past few years, been so greatly improved that the tendency is to embrace within the scope of surgical intervention a continually increasing number of cases which were formerly excluded from this domain. This tendency, too, appears to have reason on its side; for it must be borne in mind that every uterine myoma is a neoplasm, and why should it not be removed, it may be argued, just as we do elsewhere in the body—as we do the ovary, for example, when the seat of a new formation. In the first place, it may be urged, How can we be absolutely sure that our diagnosis is correct? What is diagnosed as a *myoma* may prove to be a *sarcoma*. Again, no one can say beforehand, with any degree of certainty, that a myoma will not grow to greater proportions and become a source of danger to its possessor; it is easy to understand, then, that an operation performed in the early stages of its development might be an easy matter, but later on exceedingly hazardous. We know also that degenerative processes occur at times in myomata, such as calcification, suppuration, gangrene, etc., which may bring great risk to the patient. One such degenerative change, which greatly increases the difficulty of diagnosis and may involve serious consequences, is general œdematous infiltration. The œdema is the consequence of stasis occasioned by the formation of *thrombi*, originating spontaneously in anæmic subjects or following upon therapeutical procedures. It has been observed repeatedly, after the Apostoli treatment, it may be remarked in passing. After a wound, infection may take place with putrefactive bacteria, or with staphylococci, or with streptococci, resulting in *thrombosis, œdematous infiltration, suppuration, necrosis*, or *pyæmia*. The endometrium, as is well known, exhibits a condition of chronic inflammation or hypertrophy, especially in the case of intramural tumors. *Memorrhagia* or *metrorrhagia* are consequent upon this condition, and in the event of invasion of staphylococci, pus tubes may complicate the case. When the growing tumor is detained in the pelvis it may cause from pressure disturbances in the functions of the neighboring organs, especially the bladder. When it develops between the folds of the broad ligament it may dislocate the ureter of the corresponding side and so obstruct it as to cause hydronephrosis. Lastly, the degeneration into *sarcoma* has been observed, and even rarely into *carcinoma*. In view of these possibilities, unfavorably affecting the prognosis, it would seem that a strict logical deduction from the premises would demand the ablation of the offending organ. As

Küstner, however, justly remarks, "this radical standpoint to subject all myomata to operative treatment will, at all events, never find place in a science which makes it a problem to help the suffering organism as much as possible according to the standard of its individuality." Virchow admirably expresses it when he says "the myomata in itself is a benignant entirely local formation, which brings no other danger to the body than that which is produced by its effects and changes." It can not be denied that the preponderating majority of women affected with myomata, if subjected to a symptomatic treatment, attain to the menopause, when the dangerous symptoms disappear gradually, as a rule. To a large degree the environments of the patient must be taken into consideration in discussing the question of a radical operation. A woman who has to earn her bread by daily toil can not afford to submit to a long continued course of symptomatic treatment which her sister, in better circumstances, could choose without inconvenience. In a word, it is the individual that must be subjected to treatment, and not merely the disease. The question might be thus put in each individual case: Are the dangers and annoyances incident to the myoma of such a grave character as to outweigh the dangers arising from operative intervention, together with such drawbacks as appertain to the mutilation? It is a well-attested fact that the removal of the uterus and the anexa, in young women is at times attended by such psychical disturbance as to make it a question if it had not been better to have let the patient remain as she was. Under these circumstances it might be well to remove the uterus when the operation seems imperatively indicated and leave the ovaries intact. I have now under my care a patient affected with uterine myoma who may be considered a type of a large class. I have observed the case for seventeen years. Within this period I have seen the tumor take its origin in small beginnings, grow after emerging from the pelvis, assume huge proportions, ascending above the umbilicus, and then, after the menopause had been attained, gradually undergo retrogressive changes, until now it is an insignificant enlargement. Meanwhile the physical condition of the patient is excellent, her fine complexion and robust appearance impressing one strongly with the exuberance of her health. The chief symptoms which called for treatment from time to time in this case were menorrhagia and metrorrhagia, and they were controlled by dilatation with laminaria tents followed by injections with iodine. I have had excellent results with this mode of treatment for such conditions. Latterly I have employed dilatation, curettage, and packing with iodoform gauze with gratifying results, as a rule. It is doubtful if the patient would be as well if I had performed a radical operation, as at one time I thought of doing, when the symptoms seemed to demand it.

Myomectomy I believe to be indicated under the following conditions: 1. The persistent growth of a tumor, if certainly, demonstrated and occurring

in a woman rather young, unconditionally demands a radical operation. In the case of subserous myomata, even if they begin to grow when the patient is near the menopause, the indication is still a radical surgical procedure, as it may be assumed that they are nourished by their adhesions, and consequently that they will continue to grow during and after the climacteric. If the myoma occupies the pelvis, and by its growth causes phenomena of incarceration on the part of the bladder, its removal is indicated if it can not be replaced.

2. Profuse hæmorrhages, which cause intense anæmia and perceptibly exhaust the patient, furnish an indication especially when ordinary therapeutic measures prove inefficient.

3. A radical operation is indicated when the pains and annoyances that accompany the growing tumor destroy all pleasure in existence and render the patient incapable of doing any work.

4. In a certain class of cases, in consequence of the presence of the myoma, ascites is evoked, which can only be relieved by the extirpation of the growth. In these circumstances *myomectomy* is unconditionally indicated.

For the method of vaginal total extirpation, cases of subserous and intramural myomata not exceeding a child's head in size should be reserved. For larger myomata, laparo-myomectomy is indicated. The fact that the after-treatment is so much more simple after total extirpation than after supravaginal amputation, and that the patient's condition is so much better, and further that the healing process proceeds more smoothly and with so few complications, makes it the preferable operation. Only when the portio and cervix are very small, or it is important to save time, is amputation the preferable operation. When submucous myomata have passed through the cervix and attained the vagina, the removal by scissors, using Emmet's method of traction, is usually not difficult, as the tumor is already more or less pedunculated. The same thing happens when the myoma is still in the cervix. When the tumor is quite large and has a broad base, it may be necessary to employ *enucleation*, *morcellement*, and *traction*. A necessary condition is that the cervix should be well dilated. Instead of the slow method of dilatation by laminaria or tupelo tents, it is better to incise the cervix, preferably after the manner of Fritsch, by incising the posterior lip up to the internal os. In this way the entire cavity may be felt, and our manipulations much facilitated. These methods are contraindicated in interstitial tumors of large size, and even in submucous myomata when the base is very broad.

—*The American Gynecological and Obstetrical Journal.*

NORTH CAROLINA MEDICAL JOURNAL.

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All communications, either of a literary or business nature, should be addressed to, and remittances made by P. O. Order, Draft or Registered Letter, payable to ROBERT D. JEWETT, M.D., P. O. Drawer 825, Wilmington, N. C.

Editorial.

Thomas Dover, M.B., Physician and Buccaneer.

How many of us, when we prescribe for a patient a "Dover's Powder" know that the author of this time-tested remedy is the hero of whom we loved so well to read in our boyhood days—he who rescued the original "Robinson Crusoe" from his lonely isle? Well, Dr. William Osler tells us in a sketch read before the Historical Club of the Johns Hopkins Hospital, and published in the *Bulletin* that Captain Dover, of the *Duke* and *Duchess* and Doctor Dover, of Pulvis Ipecacuanhæ compositors fame are one and the same. He was born in Warwickshire, about 1660, and took his degree probably in 1683. He practised a few years in Bristol, made some money and then, prompted by love of adventure in some degree

possibly, but more especially by love of gain, he joined himself with some Bristol merchants in fitting up two vessels, the *Duke* and the *Duchess* for a privateering expedition. They sailed in October, 1708, and returned to England in 1711. The expedition turned out very successfully, having realized about \$850,000. Dover accompanied the ships as third in command. Being owner to a considerable extent in both vessels, he received a large share of the spoils. It was in February, 1710, that the expedition reached the Island of Juan Fernandez where Alexander Selkirk ("Robinson Crusoe") was discovered and taken aboard the *Duke* as a mate. Little was known of Dover after his return until he settled in London in 1821. From that time until he died, some twenty years later, he kept the profession of London pretty well

stirred up by his writings and criticisms of his contemporaries. He was admitted Licentiate of the Royal College of Physicians, a qualification which enabled him to practice in and six miles around Westminster. His estimate of his own ability was very favorable as may be inferred from his reply to certain strictures on the use of quicksilver. He says, "I challenge you to show when I have lost three patients for the past five years, when I was first called either in acute or chronic cases (though I have settled in town about eighteen months.") In his style of advertising himself he foreshadowed that of some men of the present time. "The work with which Dover trusted to reach practice had many important qualifications for success. It appealed directly to the public in a taking way, not alone in the main title, *The Ancient Physician's Legacy to His Country, being what he has collected himself in Forty-nine Years of Practice*, but in asserting that the diseases incident to mankind are described in so plain a manner that any person may know the nature of his own diseases; together with the several remedies for each distemper faithfully set down. It is expressly issued as a popular work on medicine designed for the use of all private families.'" It made a great noise in London and was the subject of nearly every coffee-house. "It contains a description in plain language of about forty-two disorders, illustrated by cases, the majority of which are made to attest in some way to the author's skill." The formula of his famous powder is as follows: "Take opium one ounce,

Salt-Petre and Tartar vitriolated each four ounces, Ipocacuana one ounce. Put the Salt-Petre and Tartar into a red-hot mortar, stirring them with a spoon until they have done flaming. Then powder them very fine; after that slice in your opium, grind them to a powder, and then mix the other powders with these. Dose from forty to sixty or seventy grains in a glass of white wine Posset going to bed, covering up warm and drinking a quart or three pints of the Posset—Drink while sweating."

The State Board of Medical Examiners.

The Board will convene in Winston on Monday, May 11th, 1896, and remain in session until all applicants shall have been examined. Dr. W. H. Whitehead, of Rocky Mount, is the President, and Dr. L. J. Picot, Littleton, the Secretary of the Board. Letters soliciting information should be addressed to the Secretary.

That Tax.

The medical profession in North Carolina will hardly have forgotten the fact that the last Legislature (which doctor helped to send that Legislature to Raleigh?) imposed upon physicians a tax of ten dollars a year for the privilege of practising their profession. When the time came for listing their taxes, physicians (and lawyers too, for a similar tax was imposed upon them) held that the license tax exempted them from the income tax, all income above \$1,000 being subject to taxation, and

declined to list any income. The sheriff of this county now sends out to physicians and lawyers a notice that they must list and pay at once, by order of the County Commissioners as the Attorney General has decided that the license tax does not exempt from the income tax. As far as we can learn there have been as yet, no compliance with this order and probably will not be. It cost

the United States Government quite a large sum to teach Congress that the income tax was unconstitutional. Must each State suffer a similar expense, or is a tax which is unconstitutional for the United States constitutional for an individual State? The courts have spent much time untangling the tangle that was tangled by that Legislature but the tangle is still tangled.

Reviews and Book Notices.

System of Surgery. Edited by Frederick S. Dennis, M.D., Professor of the Principles and Practice of Surgery, Bellevue Hospital Medical College, etc. etc. etc. Assisted by John S. Billings, M.D., LL.D., Edin. and Harv., D. C. L. Oxon.; Deputy Surgeon General U. S. A. Volume ii. Profusely illustrated. Cloth royal octavo 926 pp. Lea Brothers & Co., Philadelphia, 1895.

This is the second volume of the *System of Surgery*, the first volume of which was noticed in the *JOURNAL* a few weeks since. The introductory chapter comprises one hundred and twenty pages on Minor Surgery from the pen of Dr. Henry R. Wharton, of Philadelphia. The various applications of roller, cravat and plaster bandages are described and freely illustrated by diagrams and reproductions of photographs from nature. Next follows Dr. George R. Fowler, of Brooklyn, with an interesting article on Plastic Surgery.

An interesting chapter on Military Surgery is contributed by Lieut. Col. W. H. Forward, Deputy Surgeon General of the United States Army.

This Chapter deals with the army medical officer and his duty, and describes apparatus for use on the field. The next section is Diseases of the Bones, by Nicholas Senn, M.D., LL.D. This section is brief, but those who have had the pleasure of reading after Professor Senn need not be told that the subject is well handled. The section on Orthopædic Surgery has been entrusted to Dr. V. P. Gidney. Dr. Lewis A. Stimson is the author of a valuable paper on Aneurysms and is followed by Dr. Frederic S. Dennis with an equally instructive article which is devoted to Surgery of the Arteries and Veins. Both of these papers deserve careful reading and are well illustrated. The next section on Surgery of the Lymphatic System, by Dr. F. H. Gerrish is accompanied by diagrams of the lymph vessels of the upper portion of the body, showing the areas which are drained into each group of glands.

Diseases and Injuries of the Head, by Dr. Roswell Park, of Buffalo,

comprises nearly three hundred pages, and will prove the most important section of the volume to the general practitioner, who is so often called to care for these injuries. Too much cannot be said in commendation of the thorough and lucid style in which the author has treated his subject. Dr. W. W. Keen comes next with a chapter on Surgery of the Spine, and in turn is followed by Dr. John B. Roberts, who discusses the Surgery of the Nerves.

With this brief enumeration of the author who have contributed to the volume and the subjects which have been intrusted to them, it is useless to make further comment upon the great value and usefulness of this volume. We will only add that the publishers have done their part with their usual conscientious care.

The Principles and Practice of Medicine. Designed for the use of Practitioners and students of medicine. By William Osler, M.D., F.R.C.P., London, Professor of Medicine in the Johns Hopkins University and Physician in Chief of the Johns Hopkins Hospital, etc. etc. Second edition. D. Appleton & Co., New York. 1895.

The publication of a new edition of Dr. Osler's work was made necessary, not altogether by the advances in medicine during the past three years, but especially because the author's popularity and standing as a teacher have caused the first edition to become exhausted. However, the opportunity has been improved and the work brought up to date. It has been found necessary to entirely rewrite some of the sections, especially those on Diphtheria and Appendi-

citis, the former of which occupies nearly double the space allowed it in the first edition. The size of the volume has been increased by only sixty-four pages, but the fact that four pages have been added to the index suggests the amount of new matter which has been incorporated. To the section on Diseases of the Nervous System, a general introduction has been supplied, with diagrams in colors illustrating the cerebral localization of motor and sensory areas. This is a very useful addition and the subject is well and clearly presented.

The articles on typhoid and malarial fevers have been largely rewritten and thoroughly revised to bring them up to date. Additions have been made of descriptions of Bubonic Plague, Foot and Mouth Disease, Infantile Scurvy, Hæmorrhagic Diseases of the Newborn, and many of the results of recent investigations of the contagious diseases. On the whole the volume is more complete than the former edition.

The Functional Examination of the Eye. By John Herbert Claiborne, Jr., M.D., Adjunct Professor of Ophthalmology, N. Y., Polyclinic; Instructor of Ophthalmology in the College of Physicians and Surgeons, N. Y.; etc. etc. Cloth, octavo 90 pages. The Edwards & Docker Co., Philadelphia. 1895.

The importance of a functional examination of the eye, the author says, warrants the publication of a monograph on the subject. It is his purpose "to present it in such a way that a student may follow the lines laid down and perform the examination with scientific and mechanical accuracy without further instruction."

The subject is treated in a simple and clear style which will be appreciated by students and by general practi-

tioners who make a practice of fitting glasses for their patients. Specialists desire something more elaborate.

Abstracts.

THE TREATMENT OF ANEMIA AND MALARIA BY FERRATIN. Dr. J. S. Perekhan reports a case of malarial poisoning without chills, fever or distinct malarial paroxysm, which was much benefited by ferratin. Microscopic examination revealed the presence of the plasmodium malarie in the blood. The patient suffered from excruciating neuralgic headache, hallucination, disturbed vision, ringing in the ears, diarrhoea in the morning, disturbed and unrefreshing sleep, pain in the back, knees and along the sciatic nerve, tickling and burning of the hands and feet. The patient was put upon a tonic of iron, strychnia and arsenic for nearly six weeks with but slight amelioration of the symptoms. Ferratin was substituted in half gramme (7 gr.) doses three times daily, and three grains of quinine were given in the morning and sometimes at noon. The improvement after one week was apparent, and in two weeks all hallucinations and delusions disappeared.

Very favorable results also followed its use in a case of anæmia. Patient, a young lady, aged 17, good family history. After an attack of grippe, she quickly became anemic, lost her appetite, felt tired and languid after the least physical exercise. Menstru-

ation had previously been regular, but now gradually diminished and had been absent for three months on coming under observation. On November 15th, at time of examination she presented the following condition: Face pale, of waxy color, lips and conjunctiva almost white, complained of head-ache, insomnia, constipation, bad appetite etc. Physical examination of lungs was negative except for anemic bruit in the neck. Ferratin was given in half-gramme doses, increased to one gramme three times daily, with instructions as to hygienic regulations, nourishing food etc. She began to improve after the first week and by December 24, the urine showed an increase in specific gravity from 1.010 to 1.020; quantity from 25 to 37 ounces; solids from 275 to 814 grains; and urea from 125 to 340 grains. The red corpuscles increased from 2,100,000 per ccm. to 4,150,000 per ccm.

THE SURGICAL TREATMENT OF RETRO-DEVIATIONS OF THE UTERUS.—Augustin H. Goelet, M.D., in a paper upon this subject read before the State Medical Society and the Society for Medical Progress New York declared that displacements of the uterus demand more careful con-

sideration than is usually accorded them, and that the routine plan of inserting a pessary and dismissing the case from further attention is a serious error. He thought that the majority of cases especially those of long standing where structural changes have taken place in the wall of the organ require surgical intervention for their cure. The pessary alone is not sufficient except in recent cases, because of the concomitant metritis and endometritis which must be overcome before a radical cure can be effected.

After discussing the merits of Alexander's operation and the intraperitoneal methods of shortening the round ligaments and vaginal fixation he described a method which he had employed with success for the past twelve years.

The Alexander's operation which is only appropriate in movable retro-deviations is unnecessary, its chief disadvantage being the length of time it required and the prolonged convalescence it entails.

Where the uterus is fixed by adhesions he advocated opening the abdomen by means of a small incision and suspending it from the anterior abdominal wall not fixing it. This was preferred to intraperitoneal shortening of the round ligaments because it consumes less time and it has given very satisfactory results. It is preferable to ventro-fixation because the uterus is not fixed but movable.

Vaginal fixation he thought objectionable because it substitutes a fixed ante flexion for a movable posterior displacement. The recent unfavorable reports concerning complications

during labor following it affords another very serious objection to this operation.

The method of procedure which he advocated in place of Alexander's operation for movable retro-deviations has this to recommend it; viz, that it aims at a cure of the coexisting metritis and endometritis, the maintaining cause of the displacement and requires but a week's confinement in bed.

In retroversion he dilates the canal, packs the cavity with iodoform gauze and tampons the vagina with the same gauze in such manner as to throw the uterus into a position of anteversion. This dressing is removed every day the cavity is washed out with a one per cent. solution of lysol and it is reapplied. This is done for a week and the patient is confined to bed. Then a vaginal pessary is fitted to hold the uterus in a correct position. The cavity is irrigated twice a week until a healthy endometrium is reproduced.

In retroflexion the same procedure is adopted but instead of packing the uterus with gauze he uses a straight glass drainage stem which serves the purpose of a splint and keeps the uterus straight. It is then maintained in a position of anteversion by means of a vaginal tampon of iodoform gauze. At the end of a week a vaginal pessary is inserted and the patient is permitted to get up.

The success which he has obtained with this method leads him to believe that the other more complicated operations designed for movable retro-deviations are unnecessary.

THE CIGARETTE HABIT.—(J. Mulhall, M.D., in *New York Medical Journal*.)—Cigarette-smokers may be divided into those who inhale and those who do not. All real devotees of the cigarette inhale. By a quick respiratory act the smoke is drawn through the larynx into the trachea and into the first division of the bronchial tubes, but not into the lungs proper. The fact that there is a tidal and a residual air indicates that the smoke does not reach beyond the bronchial tubes. The pleasure in cigarette-smoking, as compared with other tobacco habits, may be said to be a pleasurable irritation of the laryngeal and tracheal sensory branches of the pneumogastric nerve. One absorbs nicotine in accordance with the amount of absorbent surface in contact with the column of smoke. When the smoke-chamber includes the larynx, the trachea, and larger bronchi, there is about three times as much surface for its absorption as when the mouth alone comes in contact with the smoke, and although the cigar contains vastly more nicotine, the cigarette, by inhalation of smoke and by much more frequent use, giving the powerful effect of oft-repeated small doses, is much more dangerous than the cigar or the pipe. The evil effects of cigarette-smoking may be divided into local and constitutional. The constitutional effects are absolutely the same as those of tobacco in any other form. The symptoms are those of nicotine-poisoning. Dr. Ledaix, who analyzed several brands of cigarettes, found no other drug but nicotine in the tobacco, and in the paper a harmless

quantity of cellulose. Nicotine is productive of great harm in youth, especially before puberty, when the tender nervous organism is growing. The cigarette presents to the young encouragement to the use of tobacco, because it does not induce nausea, as only a minute quantity of nicotine is absorbed unless the smoke is inhaled; and nicotine tolerance is usually acquired before inhalation is begun. For the same reason it is used among young women, who, as a rule, do not inhale. The great evil of tobacco is its constitutional effect on the nervous system; the much lesser evil is its local effect on the upper respiratory system. Excluding all other causes and looking at tobacco purely in respect of its local effect, the author denies that it ever causes, as ordinarily used, throat diseases worthy of the name. A trivial hyperæmia and secretion may be caused. The cigarette habit is growing enormously. Nervous diseases and insanity are rapidly increasing among American people. If to such an inheritance American youth adds the nerve-destroying nicotine habit, which the cigarette so materially assists in spreading, there is great reason to hope that the cry of reform may be echoed and re-echoed throughout our glorious country.—*International Med. Magazine*.

RETENTION CYSTS OF COWPER'S GLANDS AS A CAUSE OF CHRONIC GLEET, SPASMODIC AND ORGANIC STRICTURES, AND EXTRAVASATION OF URINE.—Fenwick (*British Med. Journal*, January 4, 1896) says he believes that in discovering retention cysts of

Cowper's glands to be not infrequent in the adult, he has chanced upon an important clue to one of the causes of some of the more obscure and chronic affections of the deep urethra. It is true that several cases of cysts of these glands have been found in infants, upon post-mortem examination, and that three probable cases in adults have been recorded, but it has not been shown that small size cysts occur in young adults, and may remain for months unsuspected, as being the cause of chronic change and definite irritation of the urethral mucous membrane. Since he has used the aero-urethroscope he has examined some hundreds of urethræ in the inflated condition, and has noticed especially the pathological conditions of the smaller glands. He has also paid especial attention to the changes which take place in these glands as the result of chronic gleet.

Some years ago he noticed an ovoid swelling in the bulb of the urethra. Incising it with a very small knife, he evacuated about a drachm of mucus streaked with milky pus.

The symptoms produced by such cysts are,—

(1) A chronic milky gleet, slight but persistent.

(2) A distinct, although slight, obstruction to the free passage of urine. Apparently this is due to a spasm of the compressor urethræ muscle excited by the presence of the cyst.

(3) A dull heavy weight and pain on one or other side of the median line of the perineum at the margin of the anus, somewhat similar to the pain of chronic prostatitis, and probably often mistaken for it. This pain

is liable to exacerbations from cold, alcohol, etc.

For the treatment of this condition the author recommends incision by the fine harpoon knife, and then thorough cauterization of the cyst cavity with the solid stick of nitrate of silver. In future cases the author thinks it would be best to incise through the perineum.—*University Medical Magazine*.

THE ERUPTIONS PRODUCED BY DRUGS.—Although every dermatologist recognizes the frequency with which various forms of skin-eruptions appear after the administration of many medicines, it is probably true that the average practitioner does not pay sufficient attention to this possibility, and is therefore misled in some cases into making a diagnosis of one of the exanthemata or of deciding that the eruption is a typical disease of the skin. It is impossible, in the short space which can be devoted to a leading article, to go over in detail all of the drugs capable of producing such untoward effects. On considering the most prominent of them, it can be laid down as a safe rule that a diagnosis of a skin-disease ought never to be made with positiveness until the possibility of the lesion being produced by a drug has been entirely put aside. Only recently one of the most prominent dermatologists in this country said to the writer that it was surprising how many cases were sent to him by physicians who were not specialists in diseases of the skin, on the supposition that the individual was suffering from some true skin disease, when, in reality,

the withdrawal of the medicine which the patient was taking for some other complaint was speedily followed by complete recovery. Of all the drugs which may produce lesions in the skin which closely resemble forms of true skin-disease, iodide of potassium ranks first. Urticarial wheals, bullous eruptions, and even eczematous patches may follow its administration, while in other cases an intense pruritus develops, which is thought to be due, perhaps, to the gout from which the patient is suffering rather than to the drug. Singularly enough, quinine is another drug which produces eruptions more frequently than is generally recognized, perhaps the most common form of eruption being urticaria, or in its place an intense erythema. The eruption of quinine and belladonna may so closely resemble that of scarlet fever as to make a diagnosis between the two conditions very difficult, particularly as the belladonna is very apt to cause a slight rise of temperature. Antipyrin may also produce such a rash, though it more commonly resembles the eruption of measles; and salicylic acid may, as may also iodide of potassium, cause localized edema; while arsenic causes pigmentation of the skin. The subsequent course of the case, and the fact that these eruptions are generally uncomplicated by other symptoms, will do much towards enabling the physician to guard himself against deception, provided he but remember the possibility of skin-changes under the use of remedies.—*Leading, Article—Therapeutic Gazette.*

FIBROMA COMPLICATING PREGNANCY.—(John B. Murphy, M.D.,

International Medical Magazine)—Patient was a colored woman, aged 39. Married two years, no children; no miscarriages nor abortions; menstruated at about fourteen. Present illness began three months previous with cessation of menstruation which had not appeared since. No sexual intercourse for three or four months. After cessation of menstruation she noticed a tumor just below the umbilicus. It has since rapidly increased in size. No backache, no urinary symptoms, no discharge. Physical examination gave no signs of pregnancy and a diagnosis of uterine fibroid, with cystic degeneration was made. Cœliotomy was performed October 25, 1895. The tumor was free from adhesions. The uterus was situated on the anterior surface of the pelvis portion of the tumor, and was about six and one-half inches in length. The uterus was amputated at the cervix and the stump treated externally. The parietal peritoneum was stitched to the cervix, all the way around, just below the elastic ligature. The abdominal wound was closed down to the pedicle, packed around with iodoform gauze and dressed antiseptically. The uterus contained a sac of fluid. When opened, a fœtus of about three months was found in the sac. The patient made an uninterrupted recovery, the temperature not reaching 100° F. The pedicle sloughed on the twenty-seventh day. The author states that this completes a series of ten consecutive abdominal hysterectomies, with ventral fixation of stump, for large fibroids, all of which recovered.

Therapeutic Hints.

BRONCHITIS ASTHMA :

| | |
|----------------------|-------|
| R—Potassii iodidi | 3 ij; |
| Ammon. carb. | 3 j; |
| Tinc. lobeliæ | 3 ij; |
| Spts. chloroformi | 3 jv; |
| Vin. ipecac. | 3 j; |
| Inf. senegæ, q.s. ad | 3 vj. |

M. Sig.—A tablespoonful in a wine-glass of water every four hours.

—*Am. Med. Review.*

CHOLERA MORBUS :

| | |
|-----------------|--------|
| R—Acid. nitrosi | 3 j; |
| Tinc. Opii | ℥ x L; |
| Aque camphoræ | 3 vij; |

M. Sig.—One-fourth part to be taken every three or four hours.

—*Hope.*

| | |
|-------------------------|--------|
| R—Acid. sulph. arom. | 3 ij; |
| Ext. hamatoxylon | 3 ij; |
| Spts. chloroform. | 3 ss; |
| Syr. Zingiberis q.s. ad | 3 iij. |

M. Sig.—Teaspoonful every two hours.

Hare.

HOW TO REMOVE CERUMEN.—In the *Press médicale* for February 19th M. Laurens recommends the following process for the removal of cerumen: Before beginning the treatment, he says, it is prudent to ascertain the previous condition of the auditory canal, for, if the ear drum is perforated, the syringe must be handled with the greatest care. The author insists on the absolute avoidance of instruments, as their employment often exposes the patient to serious accidents which may cause

hæmorrhage, deafness, and vertigo.

The syringe should be thoroughly sterilized and capable of containing about three ounces and a quarter of liquid. The extremity should be very fine and perfectly cylindrical. It is well to attach a soft-rubber tube a centimetre long to the end to prevent injury to the passage. Water that has been heated to 98.3° F. should be used, but it must not be applied too hot. In administering the injection, the end of the syringe should be directed along the upper wall of the meatus, so that the water, by its force in returning, may expel the cerumen. The first injection should be made very gently, in order not to cause vertigo, which, although temporary, is serious. If no symptoms occur, from five to six syringefuls may then be injected.

If the cerumen does not become loosened, violent syringing must not be resorted to, as it may result in injuries that may affect even the inner ear; the cerumen may adhere to the ear drum, and its violent detachment may induce hæmorrhage of the membrane. The cerumen must then be softened, and M. Laurens recommends the following solution:

| | |
|------------------|--------------|
| Sodium carbonate | 15 parts; |
| Glycerin, | { each 300 " |
| Water, | |

Six drops of this solution are to be warmed and dropped into the ear three times a day; a tampon of cotton is placed in the ear after each instillation. Under the influence of this so-

lution the cerumen swells, but the patient need not be alarmed if the deafness, the buzzing, the even vertigo should increase, for these symptoms will disappear after the cerumen has been expelled.

At the end of forty-eight hours fresh injections may be repeated, and, if the lump is still immovable, the instillations are again resorted to. Sometimes the cerumen is not expelled in a mass, but remains inclosed in the meatus; it is then necessary to use an instrument; if it comes out only in detritus, the ear should be syringed until the water comes out clear.

After the extraction, the ear should be thoroughly dried and a small tam-

pon of cotton placed in the entrance and allowed to remain there for two days. This prevents the sudden access of air, which may give rise to otitis, especially during cold weather; it deadens sound which, striking the ear suddenly, causes pain. So long as this auditory hyperæsthesia persists, the cotton should remain in the ear.

Although, says M. Laurens, recovery may be complete, and the hearing become normal, there is the possibility of a return of the trouble, and patients should be advised to use warm injections every month, and warned not to use pins, etc., which only push the cerumen deeper into the ear.—*N. Y. Med. Jour.*

OFFICIAL LIST OF CHANGES IN THE PUBLIC SERVICE.

MARINE HOSPITAL SERVICE.

For the ten days ended February 59, 1896.

Vaughan, G. T., passed assistant surgeon, leave of absence for seven days granted February 17, 1896, revoked February 27, 1896.

Guiteras, G. M., passed assistant surgeon, directed to proceed on March 25, 1896 from Gulf Quarantine Station to Key West, Fla., and assume command.

Smith, A. C., passed assistant surgeon, to proceed from Memphis, Tenn., to Gulf Quarantine for duty February 25, 1896.

Young, G. B., passed assistant surgeon, when relieved at Key West, Fla., to proceed to Memphis, Tenn.,

and assume command of service, February 27, 1896.

Wickes, H. W., assistant surgeon, to assume temporary command of service at Memphis, Tenn., upon being relieved to rejoin station at New Orleans February 54, 1896.

THE NAVY.

For the week ending March 14, 1896.

March 10—Medical Inspector, J. B. Parker to duty in charge of naval hospital, Widow's Island, Me., in addition to present duties.

March 11—Surgeon Thomas Owens placed on the retired list March 10.

March 13—Surgeon W. R. DuBose detached from the Naval Academy and ordered to the "Terror."

THE ARMY.

From February 20, 1896, to March 4, 1896.

The following named officers of the

Medical Department are relieved from duty in Washington, to take effect upon the completion of the present course of instruction at the Army Medical school, and are assigned to duty at the following named stations: First Lieut. Thomas J. Kirkpatrick, assistant surgeon, Fort Columbus, N. Y., for temporary duty. First Lieut. John H. Stone, assistant surgeon, Fort Leavenworth, Kans. First Lieut. Irving W. Rand, assistant surgeon, Fort Apache, Arizona. First Lieut. Powell C. Fauntleroy, assis-

tant surgeon, Fort Riley, Kansas. First Lieut. James S. Wilson, assistant surgeon, Madison Barracks, New York, for temporary duty.

Leave of absence for one month, to take effect upon his relief from duty at Jefferson Barracks, Missouri, is granted Maj. Robert H. White, surgeon.

The leave of absence on surgeons certificate of disability granted Capt. Benjamin Munday, assistant surgeon, is extended two months on account of sickness.

NECROLOGY.

SOME RECENT DEATHS AMONG PHYSICIANS.

Dr. Jos. F. Noyes, aged 78, at Providence, R. I., February 23.

Dr. Jos. E. Salter, aged 36, at Bayonne, N. J., February 25.

Dr. Laughton McFarlane, aged 54, February 29. He died of blood poisoning, contracted while amputating the toes of a patient at the General Hospital a week previous.

Dr. Edward Everitt, aged 38, at Newark, N. J., February 27. He died of diphtheria, supposed to have been contracted while attending two children. He regarded his sore throat as quinsy and continued attending to his practice until the day previous to his death.

Dr. Smith Townsend, at Washington, D. C., February 25.

Dr. Elihu Vedder, aged 94, at Jacksonville, Fla., March 9.

Dr. J. C. Anderson, at Starrsville, Ga., March 2.

Dr. Nathan O. Harris, at Atlanta, Ga., March 6.

RESOLUTIONS OF RESPECT.—The following are the resolutions adopted by the Raleigh Academy of Medicine upon the death of Dr. J. B. Dunn:

WHEREAS, Death has again invaded the ranks of our membership and removed a Fellow, who, for more than forty years has lived among us a life of usefulness, both as a citizen and a professional man, Dr. James B. Dunn, who was born at Wake Forest 74 years ago and died Sunday morning, December 22, 1895, at 10 o'clock a. m., in this city, therefore be it

Resolved, That in Dr. Dunn we recognized the virtues and characteristics that make up a good and useful life. He was generous, brave and kind, with a heart ever responsive to any call of his fellowman and a hand ever ready to aid distress wherever found.

As a citizen he was noted for his unswerving and enthusiastic patriotism. As a physician he was patient, tender and sympathetic, devoted alike to his profession and to suffering humanity;

Resolved, That as a token of respect

for our fellow who has fallen by the way, weary in the march of life, we wear the usual badge of mourning and attend the funeral in a body;

Resolved, That we hereby express for his sorely-bereaved widow our heart-felt sympathy and condolence, and as a slight evidence thereof, the Secretary be requested to present her with a copy of the foregoing;

Resolved, That these resolutions be spread upon the minutes of the Ral-

legh Academy of Medicine and that the proceedings of this meeting be published in the medical journals of the State and the city papers.

Respectfully submitted,

JAMES MCKEE,

P. E. HINES,

W. H. BOBBITT,

Committee.

[NOTE—The publication of above was delayed on account of the illness of the Secretary of the Academy of Medicine.]

Miscellaneous Items.

NEW YORK UNIVERSITY MEDICAL DEPARTMENT.—The medical faculty of this University has reported in favor of extending the course from three to four years. This action will probably receive the endorsement of the council at an early date, the medical faculty having essentially the entire control of and responsibility for reforms of this nature. It is not impossible that before three years have passed by, all the large medical colleges of New York city will have adopted the four-year system.—*Four. Am. Med. Asso.*

A NEW REACTION FOR ANTIPYRIN AND QUININ.—Professor Carrez writes to the *Journal des Sc. Med. de Lille*, December 14, 1895, in regard to a new reaction of antipyrin and quinin, resulting in a red coloring matter which he calls quinerythropyrin. It is made by adding *eau de brome* to a dilute solution of antipyrin and a quinin salt, until it assumes a slight

yellowish tint, then adding ammonia, and the red color is obtained. The same process with quinin alone produces green. It can be taken out of the ammonia and water solution by shaking it up immediately with chloroform, in which it easily dissolves, as also in alcohol, but not in pure water. Acidulated water dissolves it readily and also frees it from the chloroform solution. Acid solutions of the new red produce an orange pink; alkalin solutions, a violet pink. Spectroscopic tests show that it allows all the rays to pass except the green ones. This reaction will be found a useful test to discover antipyrin in the urine, and in toxicology in general as well as in pharmacology.—*Ibid.*

HUNTING A LOST BALL.—The Röntgen ray and the location of bullets brings to mind an old army story about a general officer, who having been wounded in the fleshy part of the leg, the surgeons made many incisions. At last growing tired and

worn with pain, he asked if they were nearly through dressing his leg. "I am looking for the ball," said the operating surgeon. "Why the devil did you not say so before?" roared the officer, "I have the ball in my pocket."—*Journal of the American Medical Association.*

JERSEY CATTLE AND TUBERCULOSIS.—Mr. George Vanderbilt has purchased the entire herd of Jersey cattle, 135 in number, of the Pittsford farm, near Rochester, for his stock farm near Asheville, N. C. It is stated that Mr. Hawley, the proprietor, was induced to dispose of his stock by the low rate of compensation for condemned cattle awarded by the Board of Claims. Among his herd until recently was the cow Katharine of Pittsford, which won the butter prize at the Chicago World's Fair, and was valued at \$2,400. She and other animals whose value aggregated \$30,000 were killed by order of the authorities, and all the compensation allowed was \$35 apiece. It is believed that Governor Morton and other large herders of Jerseys will also give up their herds on the same account. It is claimed by the dairymen that the test for tuberculosis is too severe, and that it is unjust and unreliable.

On the other hand, at a conference of the New York State and City Boards of Health, held at the Academy of Medicine on March 6th, resolutions in regard to tuberculosis were adopted in which it is strongly reaffirmed that it is possible to detect the existence of tuberculosis in cattle by the tuberculin test, and urging that no half-way measures can stamp

out the disease. The resolutions end by asking the Legislature for an appropriation of \$300,000 for carrying on the work of eradication.—*Boston Med. and Surg. Journal.*

The Craig Colony for Epileptics at Sonyea, N. Y., is about to be opened. The managers state that "an idea is gaining ground, not only in this, but in other States, that the State of New York is providing a large institution for the care of epileptics generally, and that all necessitous and dependent epileptics will be received and cared for. This is a grave error and should be early and earnestly discountenanced. Another growing misunderstanding is in regard to the reception of private patients in this institution. This is a feature entirely secondary in character, and is only to be entertained after all the dependent epileptics of the State have been provided for."—*Med. News.*

An effort has been made by a committee of the New York County Medical Association to set aside the new appointments of visiting staffs to the various New York city hospitals under the reorganization by the Commissioners of Charities. The method of attack was to insist that these appointments came under the Civil-service law—requiring a competitive examination; and the matter was taken before a judge of a Superior Court. Judge Andrews has handed down his decision that the legislative act regulating the Civil Service did not intend that physicians should be subjected to the indignity of a Civil Service examination. He says: "The

visiting and consulting physicians and surgeons, mentioned in the motion papers, are neither 'officers' nor 'employés' within the meaning of the so-called Civil-service acts. They receive no compensation; their positions, so far as pecuniary benefit is concerned, are purely honorary; and it is inconceivable to me that the Legislature should have intended that the most eminent members of the medical profession should be subjected to the indignity of an examination, either competitive or non-competitive, as a condition precedent to their being permitted to render gratuitous services in the hospitals which are under the control of the city. The objection that the defendants have delegated their appointing power is not tenable. They are under no legal obligation to select their appointees from the whole medical profession. They could appoint only those who had graduated from certain schools or who were of a certain age or who had had different kinds of experience; so they have a right to appoint those who have been nominated in the manner set forth in the motion papers if they see fit. Besides, they are under no legal obligation to confirm such nominees, and are at liberty to appoint others if they prefer to do so."—*Med. News*.

Dr. L. D. Wharton, formerly of Red Springs, has removed to Smithfield, N. C.

A case is reported in *The Lancet* of a boy who was shot in the hand just above the deep palmar arch. Probing necessary for the detection of the

ball was unjustifiable and the X-rays were resorted to. The "skotograph" accurately demonstrated the position of the ball.

Dr. Wm. J. Morton has reported a case (*Medical Record*) in which a needle imbedded in the ball of the foot behind the bone was located by the X-rays. He demonstrated that the bones are penetrable by the rays and that metallic bodies imbedded in them can be skotographed. An operation was done for the removal of the needle, and it was not there. In its place the surgeon found a discolored and hardened nerve, and concludes that the needle had undergone chemical decomposition and been reduced to a mere line of oxide.

St. Luke's Hospital in its new location will be opened for the réception of patients on April 16th.

The Medical News says that a resident of Springville, Mass., who made the pilgrimage to Denver, and was "cured" of a chronic disease by the healer Schlatter, died in a hospital last week as the result of an operation which was made necessary through neglect of ordinary treatment during the time his faith lasted.

A London man claims he has conveyed the X-rays over a wire, and declares he will soon be able to photograph objects at any distance by means of the X-rays conveyed by wire.

When writing to advertisers mention this JOURNAL.

An invitation is extended to all regular practitioners in the State, in good standing, to attend the next meeting of the State Society and become members. The meeting will be held in Winston on the 12th, 13th and 14th of May and a pleasant and profitable time is assured all those who may attend. All members are earnestly requested to try and interest their professional brethren who are not members and induce them to attend the Winston meeting.

Experiments on the spreading of disease by burial, made by Dr. Löseuer, of Paris, France, tend to

prove that there is little danger of infection from the practice. Carcasses of animals infected with different diseases were buried as nearly as possible as human bodies would have been. Bacilli of cholera could no longer be found in the remains after 28 days, those of typhoid fever disappeared after 96 days, those of tuberculosis after 123 days, those of tetanus were very virulent after 234 days, but disappeared after 361 days, while the anthrax bacilli continued in full force to the end of the year of investigation. In none of these diseases, save that of anthrax, did the germs find their way to the surrounding soil and water.—*Med. News.*

Reading Notices.

PHYSICIANS WANTED; FOR SALE:—Valuable mill property, well located on never failing stream with adjoining lands, Saw, gin and grist. Situated at the junction of Robeson, Cumberland and Bladen counties, where several public roads converge. On account of recent death there is now no practicing physician nearer than twelve miles. Will sell above property cheap on easy terms and allow liberal bonus to good allopath. For map, description terms etc., address.

F. H. BURNS,
St. Paul's, N. C.

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in teaspoonful doses every hour after Parturition is the reliable agent to prevent after pains and hemorrhage. It being the most powerful uterine tonic attainable, having direct action on the uterus, expelling blood clots, closes the uterine sinuses, contracting the womb and preventing subinvolution.

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NORTH CAROLINA MEDICAL JOURNAL.

A SEMI-MONTHLY JOURNAL OF MEDICINE AND SURGERY

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Original Communications.

REPORT OF CASES.

CONGENITAL EVENTRATION—ACCIDENTAL BUT RATIONAL REDUCTION OF
HERNIA.

By J. S. BROWN, M. D., Bear Poplar, N. C.

Because of its rarity I send you a few notes on an unfortunate case that occurred in my practice recently of

CONGENITAL EVENTRATION.

The mother, iv-para, aet. 27, had gone 322 days since last menstruation. Her health has been good. She remarked that she had felt foetal movements every day and almost constantly for the past six months. By external abdominal examination very little could be learned about the attitude, presentation, or position of the foetus on account of the superabundance of the amniotic fluid, which must have fallen very little short of a gallon. Vaginal examination revealed the ordinary L.O.A. position. Labor progressed normally except that engagement was very slow, and during the second stage it became necessary to extract the body after the head had been born voluntarily. A large but normal placenta was delivered a few minutes later. At the abdomen the infant's umbilicus appeared normal. Half an inch out there began an ovoid tumor about 3 inches in diameter and 5 inches in length. Beyond this the gelatinous cord continued for about 10 inches at a thickness of $1\frac{1}{2}$ inches. Then it tapered down to normal for the remaining 8 inches. At the placental or distal end the membranes of the tumor evidently enclosed amniotic fluid. The thin membranes having been punctured and this fluid having escaped, there remained an irregular ball about three inches in diameter. Through the thin membranes coils of intestines could be seen

very plainly. In irregular pads about the whole mass is an abundance of Whorton's jelly. This hernia or eventration is irreducible. Dr. J. R. McLelland, of Mooresville, was sent for to consult as to the advisability of a radical operation: for the child, a girl of eight pounds, seemed strong and healthy, and I little liked to leave her alone to suffer the inevitable consequences of her deformity. In the meantime the tumor received a mild antiseptic dressing, and was kept warm by hot water bottles. Because of remoteness from professional assistance it was necessarily a considerable time before Dr. McLelland could see the child. Then the tumor was inflamed and evidently unfit for putting within the abdomen. Would it have been justifiable to have made an incision along the linea alba from the umbilicus immediately after the birth of the child and to have placed the tumor en masse within the abdomen, trusting to nature to absorb the unnatural adhesions and excessive jelly, and to restore the contents to their normal position? It would have been impossible to have so dissected the tumor as to place its contents in the abdomen in their natural position; but with care the cord could have been detached from the inferior surface of the tumor. I have noticed but few similar cases in medical literature, and no accounts of operative procedures save that of the midwife who ligated close to the abdomen, removed the tumor, and so quickly and permanently relieved her innocent little patient from its sufferings.

Later: The child nursed very well and had several natural evacuations, but soon became icteric and died after three days.

ACCIDENTAL YET RATIONAL REDUCTION OF HERNIA.

After sundown, March 3rd, I stopped to see a negro boy baby about 4 months old. He had been crying incessantly for more than twenty hours. Agony was written on every feature. He would not nurse. His bowels had not moved for a day. An examination disclosed a strangulated complete oblique inguinal hernia. This I failed to reduce by taxis under chloroform. Preparatory to a modified Bassini operation which I proposed to do next morning, the parts were thoroughly scrubbed, and absorbent cotton wet with a bichloride solution was directed to be applied and repeated occasionally. Upon my return on the morning of March 4th, I was greatly surprised to find the little fellow lying laughing in his mother's lap. The tumor had disappeared in less than two hours after the first application of wet cotton. There was no trace left. The boy escaped an operation; and I was more than ever before impressed with the contracting—shriveling effects of cold water. If I should again be confronted with an irreducible hernia, and could not operate at once, I should purposely try this experiment that I have just so luckily tried by accident.

A LARGE INTRA-ABDOMINAL ABSCESS POINTING AT THE UMBILICUS."

By F. H. RUSSELL, M.D., Wilmington, N. C.

Eva M., American, aged 11 years, was a large, well developed girl, of the brunette type; parents living; family history good. It is to be regretted that a physician could not have seen the case from its beginning, as the history would then reveal more, and the result would probably have been different. The history prior to her being seen by a physician is as follows:

Had never been sick in her life more than a few days at the time. About August 1, 1895, was taken with a chill, high fever following, for about one week, each day she had a chill and fever, there was pain around the umbilicus. The parents thinking she had malarial chills and fever gave her a dose of calomel and followed this up with quinine, she seemed some better, but the fever continuing and the pain in abdomen being severe at times, a faith-man was called to attend her, after one month of rubbing and trying to convince the child and her parents that she was not sick but needed a little faith, he was discharged and a physician called. At this time I saw her with several other physicians, her condition being as follows:

She was in a large arm chair, being unable to lie down on account of shortness of breath, countenance anxious, respiration hurried and shallow, pulse 120, temperature 102°. The urine had a trace of albumin in it. Feet and legs were œdematous. The abdomen was greatly enlarged, making the patient look exactly like she had an advanced case of ascites. On percussion a flat note was obtained; the succussion sound was easily elicited; on the right side, flatness was present on percussion, the respiratory murmur absent and no vocal fremitus. On looking at the umbilicus, it was seen to be protruding, very red, and fluctuation was present on palpation, and it was evident that an abscess was about to discharge here. The diagnosis of pus in the belly was evident and of course the indication was to let it out. The patient being anæsthetized and the usual antiseptic precautions having been carried out, an incision was made in the linea alba nearly its whole length, on account of the great quantity of thick, white pus, which measured two gallons. This does not include the large quantity that remained in the cavity and had to be washed out with warm normal salt solution until the water came away clear.—Boundaries—

Its floor was formed by the omentum, which was greatly thickened and covered by inflammatory lymph; it was adherent on each side and below having the intestines safely stored away beneath it, below was the uterus, tubes and ovaries, which were bathed in pus, and of course bound down by adhesions.

The roof and sides were formed by the anterior abdominal wall and parietal

layer of peritoneum, on the right side from the third rib downward by the right thoracic wall, the pus having pushed the diaphragm up to this point; the right lung was almost fixed in the small space above and posteriorly left for it.

Above the diaphragm formed its wall the liver was bathed in pus, though partially protected by the thickened ligaments and folds of peritoneum around it.

Below was the bladder, which was much thickened, and the pelvic fascia. It is wonderful what strong walls nature can make of delicate material when called upon to defend vital organs, as is shown in this case, and better shown in the report of a case in a paper on "Abdominal Pregnancy" by Dr. Cornelius Kollock, of South Carolina, read before the Southern Surgical and Gynæcological Association at Washington, D. C., and published in the NORTH CAROLINA MEDICAL JOURNAL February 5, 1896 "in which an immense Fibroma, a fœtus weighing 10 pounds, a good sized placenta and a quantity of of offensive matter was removed from the abdomen; the sac found between the abdominal wall and omentum, the omentum forming the floor which protected the abdominal viscera from being matted together by the adhesions."

Large strips of iodoform gauze were introduced for drainage, one in the right hypo-chondriac region, one in the left, one in the right iliac, one in the left, the wound was closed in the centre, and dressed in the usual manner. During the first week the discharge was abundant. Every second day the cavity was washed out and every fourth day the drains renewed. About the third week the discharge disappeared, temperature had gradually gone to normal, and patient seemed to be doing well. Until this time she had taken nourishment well and bowels had given no trouble; after this diarrhœa came on, she could not retain her nourishment and for two weeks a little water was all that could be taken; at the end of the fifth week after the operation she died of asthenia.

Cause. This was not revealed by the autopsy consequently it could not be accurately determined. Her mother said that she was a very active girl, always climbing fences, trees etc., and was in the habit of jumping up and falling full length on her abdomen; a few days before being taken sick, after performing this feat several times she said that she had hurt her stomach and did not try it again.

Taking into consideration the previous good health of the girl and her rough and tumble habits, I am inclined to think that an injury to the omentum caused by falling on the floor was the cause of the abscess.

Autopsy. Twelve hours after death. External appearances. Body greatly emaciated, incision in linea alba healed except at lower angle.

Internal appearances. Lungs normal, the right lung had gone back to its normal position, this could be made out ante-mortem by the physical signs.

Diaphragm normal except under surface thickened, showing there had been inflammation.

Liver—slightly enlarged, on its posterior surface was a drop of pus the size of a pea, which was the only pus to be seen in the body.

Stomach and intestines, normal.

Vermiform appendix—very small, and perfectly healthy.

Bladder, uterus and ovaries, enlarged and thickened. Spleen normal.

Kidneys—normal.

Selected Papers.

GENERAL OBSERVATIONS ON THE CONDITION KNOWN AS THE "TYPHOID STATE," WITH REFERENCE TO EXAM- PLES IN MEDICAL AND SURGICAL PRACTICE.

BY NORMAN HAY FORBES, F.R.C.S. EDIN.

I.—MEDICAL.

In attempting to arrange a few fragmentary notes in connexion with my subject I am reminded of a remark which that astute essayist Sterne once penned: "When a man," he said, "sits down to write a history, though it be but the history of Jack Hichathrift, he knows no more than his heels what lets he is to meet with on his way." Despite the lets, and irrespective of many imperfections, I shall endeavour to deal *seriatim* (1) with the meaning of the term "typhoid state" and what it exactly comprises; (2) with the circumstances under which the condition arises and its general causation; (3) with its clinical phenomena, its symptoms, and their course; and, lastly (4), with its prognosis and treatment.

1. *Definition and meaning of the term.*—The terms "typhoid state," "état typhoïd," "état adynamic," "typhoid condition," and "typhoid symptoms" so frequently mentioned in standard works on medicine and surgery and in the clinical reports of cases and patients in whom the condition supervenes during the course of some more or less serious illness, are not infrequently seen both in the wards of a general hospital and in private practice, so that any apology for reintroducing the subject need hardly be tendered (*vide* Murchison, Milner Fothergill, &c.). By the term "typhoid state" we understand a well-marked group or series of symptoms arising during the course of any disease in which "fever" (pyrexia), from whatever cause, is the essential feature of that morbid condition, and when that pyrexia is either excessive

or long-continued, or both, the train of symptoms being "centralised" in the generic term "typhoid," which is in itself, without doubt, somewhat loose and indefinite, pathologically more or less inaccurate, and, lastly, not strictly logical. For in its history and etymology the word "typhoid"—derived from the Greek *typhos* (smoke or vapour) and *eidos* (resemblance of form, or likeness)—conveys the general idea that the condition is like or resembling typhoid fever, like the stupor seen in typhoid fever—and, that being so, it does not tell us anything precise regarding its true and exact nature—nothing essential about the condition itself, but merely that it is like, or has the appearance of something else, and so this lax term has imperceptibly come to convey in a somewhat vague and non-scientific manner the general idea that the condition is, comparatively speaking, identical with a condition first observed in typhus and in typhoid fevers. Briefly, the object of this paper is to endeavour to generalise the views and opinions regarding the so-called "typhoid state," and at the same time to state clearly and concisely its true pathological and clinical import in disease, and to summarise its characteristic features. In this country the late Dr. Charles Murchison and the late Dr. Milner Fothergill have contributed papers on this subject, while many interesting references are to be found in foreign literature: Relating to this subject, the following passage occurs in Finlayson's *Clinical Manual*: "It should be particularly remarked as necessary for the reconciliation of old and new terms, that the word 'typhoid' is not used here in the special and limited sense given to it by Louis and the French school of the present century, as a designation of enteric fever, but in that larger and more general meaning which it had from at least the time of Galen of 'typhus-like.' Typhus, and most of its derivatives, including typhomania, are Hippocratic words used in a figurative sense from '*typhos*' 'smoke,' as indicating the stupor which attends the graver kinds of fever, and, in the case of typhomania, the combination of stupor with restless delirium—exactly the functional contrast referred to above. The etymological facts are interesting, as showing how, even in the most remote period to which the literature of medicine extends, clinical phenomena which only receive their physiological interpretation from modern science, were nevertheless sometimes very exactly noted."

2. *Causation and circumstances under which the condition arises.*—The causes which induce the appearance and development of the "typhoid state" may generally be arranged under three main heads. In the first place, in both medical and surgical cases a most important and primary cause lies in the toxic and noxious influence that a high internal temperature has upon the tissue elements of the central nervous system and more especially upon those parts of the medulla in which are located the "respiratory" and "cardiac" centres, as well as the so-called "thermo-genetic" "centre." Secondly, another important etiological factor is the direct and cogent effect that this

same high temperature both of blood and tissues has upon the parenchyma of the glandular organs, the liver, kidneys, and spleen, lessening elimination and blood elaboration, and acting injuriously upon the muscular fibre both of the heart and voluntary muscles. The third head in the causation of the condition in question lies in certain ill-understood chemical changes in the composition of the blood, and the effect that that chemically-altered blood has upon the blood vessels and tissues generally of the body. This latter problem is a difficult one to solve, a "*quæstio vexata*," owing to the fact that our knowledge of the physiological chemistry of the blood (cf. writings of Halliburton, Hunter, Wooldridge, Crookshank, &c.), and of the action of toxic albumoses (Martin), ptomaines, and leucomaines, coupled with putrefaction products in the blood is more or less in a preliminary and transitional stage, and consequently limited, dimly lighted, and admittedly imperfect. Thus, to summarise this last factor, we have—(1) the absorption of the effete products of chemical combustion in the body; (2) the toxic effects of pathogenic, "infective," micro-organisms in the blood; and (3) the consequent alteration in the forces of the circulation, and variations in blood-pressure and nerve-stimulus.

The diseases in which the "typhoid state" most frequently occurs are for the most part as follows:—(1) typhus fever (Rouillion), and the "typhus traumatique" of Ollivier; (2) yellow fever, "bilious typhoid" (Fagge); (3) enteric fever (the term "typhoid fever" should be discontinued); (4) certain "pernicious," malarial fevers; (5) the "malignant" type of scarlet fever; (6) variola (Hilton Fagge), especially in the third week; (7) in the first stage of the plague, "after the appearance of intense pyrexia, and subsequent violent delirium"; (8) in cholera-typhoid, and in cholérine (Hilton Fagge); (9) in diphtheria, where the characters of an "infective" fever with febrile albuminuria and other "typhoid" symptoms are evident; (10) in "adynamic" remittent fever, and in the so-called "typho-malarial fever" of the United States. (11) in "malignant" and "intestinal" anthrax—in this condition, however, the temperature is not always high; (12) in "infectious pneumonia" of an epidemic nature, and "croupous" or "febrinous" in type (Whitelegge)—this occurs both in fatal and in non-fatal cases which are severe and protracted; (13) in chronic starvation and general wasting (Whitelegge); (14) in phlebitis (Hodgson, Breschet, Blandin), and in "*la phlébite utérine*" (phlegmasia dolens); and (15) in experimental injection of septic substances into the veins (Gaspard, Laurent, and Dupuis).

3. *Clinical phenomena, symptoms, and general course of the "typhoid state."*—Passing from a study of the etiology of this condition, to view the symptoms noted in cases under observation, the fact must be borne in mind that there are several phases of this "state" distinctly different in their nature but that in all cases there is an apparent similarity in the grouping sequence and

arrangement of the symptoms. It will be convenient to classify those signs under the systems to which they naturally refer—as, for instance: (1) those symptoms directly referable to the nervous system, these being the most important and, as a rule, the most prominent; (2) those both primarily and indirectly referable to the circulatory system; and (3) those referable to the respiratory, digestive, and excretory systems. The phenomena referable to the nervous system constitute the major and more serious aspect of this condition, and in noticing them somewhat in detail it must be remembered that they are essentially characteristic evidences of a "diseased" and profoundly "depressed" condition of the higher nervous centres. Perhaps the most striking feature is the absolute depression of the nervous force and vital energy (adynamia and the diminution of the physiological activity and cell function of the brain). The patient is seen lying on his back, prostrate, listless, and quite indifferent to his surroundings. There is a low, somnolent, muttering delirium, gradually shading into a dull, comatose stupor, of heavy and "dusky" aspect, little or no real sleep (coma-vigil), associated at times with derangement of the senses, and hallucinations of sight and hearing. The power of the mental faculties is impaired—a dull and clouded intellect, a mind wandering strangely. The delirium may at one time be acute, violent, and noisy, an exacerbation from the more frequent low, muttering, and lethargic type. Sometimes muscular (fibrillar) tremor occurs, occasionally subsultus tendinum, carphology, and general convulsions. The urine and fæces are passed involuntarily, though in some cases retention and suppression of urine have been well marked symptoms. The fæcal evacuations are usually semi-solid, of a black colour and grumous appearance, and have a highly offensive odour. The urine passed in small quantities often contains albumen, frequently lithates in excess, and a diminution in the chlorides. The chief points observable with reference to the circulation are, that the pulse is quick, soft, small, irregular, and easily compressed, occasionally dicrotous, indicating a marked degree of diminished intra-arterial tension. The heart's impulse is weakened, sometimes scarcely perceptible, and there is almost a complete absence of the first sound at the apex. No distinctive cardiac bruit is audible. Turning to the digestive system the tongue is found to be dry, of a dark-brown or almost black colour, incrustated with thick, dark, russet-brown fur, tremulous, with an abundance of sordes on the lips and teeth. Hiccough is also present, at times frequently distressing, the breath having a peculiar heavy, offensive odour. The skin is in some cases dry and hot, with a surface temperature of 102° to 104° F.; in others it is bathed with a cold, clammy sweat, the temperature then being subnormal. There is also impairment of the general tactile sensibility of the skin together with taches bleuâtres, and extreme muscular weakness. It would appear that there are at least two distinct types of the "typhoid state," the

one characterised by a marked elevation of temperature—pyrexia in a high degree; the other in which a subnormal temperature obtains, an apyrexial type. Thus in the "state" we must admit three main factors for consideration: (1) the existence of pyrexia, whether of a "sthenic" or "asthenic" type, more frequently the latter; (2) the essentially important part played by the nervous system in tending to induce such a "condition"; and (3) in some cases (surgical) the possibility of auto-inoculation and septic infection, together with the absorption of the waste products of decomposition. In the more dependent parts of the body ecchymoses appear—especially over parts usually exposed to pressure; there is a general lividity of the limbs, and petechiæ are scattered here and there over their surfaces. The respiration is, as a rule, hurried and shallow, sometimes becoming stertorous. The physical signs of hypostatic congestion of both pulmonary bases are well marked in many cases. It would be highly advantageous if one could have the opportunity of making a detailed post-mortem examination, with a microscopic examination of the tissues, as well as of the blood and other fluids both during life and after death.

4. *Prognosis and treatment.*—In determining the prognosis of the "typhoid condition" difficulty and responsibility beset the practitioner, and, as in other morbid conditions, an expression of opinion must be guarded and based on a sound and broad consideration and estimate of the chief symptoms. The most important prognostic indications seem to lie in: (1) the effect produced upon the higher nerve centres; (2) the condition of the heart and blood-vessels; (3) the condition of the kidneys and the result of a careful urinary analysis with special reference to the presence or absence of albumen or sugar; and (4) the condition of the lungs. In the treatment of the "typhoid state" the cause of that condition must be the guiding principle, and in every instance the only correct and rational method of treatment will be based on a thorough knowledge of that cause. In the light of "general principles of treatment" attention must specially be directed to the nervous phenomena and the condition of the heart and circulation generally, not omitting such good and careful nursing as will husband the patient's strength as much as possible and tide him over a critical period. The administration of such drugs as the perchloride of iron in combination with the hydrochlorate of quinine and liquor strychniæ every four hours is clearly indicated and is most likely to be attended with an improvement in the patient's condition; benefit is also derived from hypodermic injections of ether, strychnia ($\frac{1}{8}$ gr.), morphia ($\frac{1}{4}$ gr.), and nitroglycerine ($\frac{1}{10}$ gr.), when the "exhaustion" is very pronounced. In order to maintain the force of the cardiac systole, and the tone of the cardiac muscle, such tonics as digitalis, convallaria, strophanthus, spartein, and cactus grandiflorus are of the utmost service; the last-named drug I have found very useful in five to ten minim doses of the liquid ex-

tract combined with quinine and opium. The free but judiciously guarded use of alcohol in the form of brandy, brandy and egg-and-milk, and brandy and meat-juice, is of the utmost importance. The alcohol must be administered with other liquid food at regular intervals, and the quantity determined by the condition of the pulse and temperature. Rectal feeding must also be resorted to in order to supplement the ordinary method and to assist in supporting the patient. Local applications, such as tepid sponging with vinegar and water, the wet pack to the head and limbs, also mustard-leaves or poultices to the præcordia, and hot bottles to the sides and feet, are of considerable value. Attention to details of treatment, careful investigation into the condition of the excretory and other organs, and minutiae of thoughtful and intelligent nursing will all materially assist in bringing about a satisfactory and successful issue.

II.—SURGICAL.

In the domain of surgery, the examples of the "typhoid condition" can be for the most part roughly divided into those occurring in (1) any acute inflammatory condition associated with marked pyrexia and profound disturbance of the nervous system, and (2) those occurring in long-standing and in some of the more chronic forms of constitutional disease associated with the sudden onset in the main of either absorption of the organised chemical products of decomposition (septicæmia), or of chronic suppuration, or of a series of symptoms directly referable to the nervous system "broken down" and exhausted by prolonged suffering. I will specify somewhat in detail. Under the secondary constitutional effects of injuries or of operations and of some diseases there occurs that most important clinical feature known as "surgical" or "traumatic" fever, which implies a general disturbance of vital processes and functions as well as of the thermo-genetic equilibrium. In those cases in which this fever assumes what is termed an "asthenic" or "adynamic" type, there is afforded a typically developed example of the "typhoid state," a condition in which the terms "typhoid" and "asthenic" pyrexia is seen in patients whose general health, constitution, and vital powers have been severely undermined by excesses of various kinds, more especially by alcoholism, by privations, and by any or all of those depressing causes in any disease acting consecutively. In this condition the temperature is not *per se* a cardinal feature, as it may be high or comparatively low, the chief points being the complete exhaustion of the nervous centres, a feeble, failing irregular pulse, shallow respiration, extreme muscular weakness, and a dry, brown, tremulous tongue. Another instructive instance of "typhoid" symptoms setting in occurs in one or other of the various forms of septicæmia, whether this be the outcome of septic infection, septic "intoxication," or embolic pyæmia (which is septicæmia *plus* metastases). In this septicæmic condition all the leading characteristics of the "state" are found—low, mut-

tering delirium, flickering pulse, stupor, &c. It is a wellknown fact that in all "infective" or "septic" inflammatory processes the symptoms frequently and almost imperceptibly merge into an "asthenic" type, this general asthenia of motor, sensory, and psychical power thus producing a "typhoid" condition. In other group of cases, such as those of chronic catarrh of the bladder (chronic cystitis), with thick, copious, muco-purulent secretion, the patient sometimes sinks, without strength and "worn out," the closing scene being characterised by a "typhoid" condition. In such an example, in all probability, two distinct factors are at work in bringing about a fatal issue—viz., (1) the constant exhaustive drain effected by long-continued reflex irritation on the nervous system; and (2) the chemical changes occurring in the urine, in the blood, and in the exudative discharge from the vesical mucous membrane, and in the combined effect on the excretory organs, and indirectly on the general nutrition of the body. This condition is also observed in the third stage, that of pyrexia with exhaustion, in dissection or in post-mortem wounds (*piqûres anatomiques*), where the subtle and rapid absorption of the necrotic virus, and its still more alarmingly rapid multiplication and chemically toxic power within the system, have the baneful effect of establishing an intense depression and disturbance of the functions and influence of the nerve centres, ending in a destruction of their vital force and power. Cases of diffuse cellulitis can be recalled—the "diffuse phlegmon" of Dupuytren—where, in a previously debilitated system, severe constitutional disturbance supervenes, and a train of "typhoid" symptoms sets in. This is also the case in examples of acute spreading gangrene, a condition in some aspects allied to chronic septicæmia, in which the absorption of the chemical products of disintegration and putrefaction has from first to last a toxic and seriously injurious effect. The condition has also been noticed in wide-spread burns of the fourth and fifth degrees. Another instance of the "typhoid" phenomena occurs during an attack of "delirium tremens," the result of hard drinking, when marked signs of exhaustion of the nervous system set in with failure of functional power, and again in those cases of "nervous traumatic delirium" which not infrequently arise in patients with an "irritable," and somewhat unstable nervous system, or in those who have suffered from prolonged mental anxiety and the enervating effect of worry and overstrain. If the patient be the subject of an almost impermeable organic stricture, and if unrelieved retention exist, and if, in consequence of the rupture of the dilated portion of the urethra which is immediately behind the seat of such a stricture, extravasation of urine takes place, the united effects of such a condition, both local and general, give rise, on the one hand, to the most deleterious consequences to the tissues themselves, and, on the other, severe constitutional disturbance; "typhoid" symptoms rapidly supervene, in which muttering, quasi-insensible delirium, a small and rapid pulse,

and dry, brown, and cracked tongue, form the most prominent features. Clinically allied to the foregoing condition, and in natural sequence, is the disease described under the term "acute, diffuse, interstitial, suppurative nephritis," associated with multiple scattered abscesses ("surgical kidney") in which the patient sooner or later sinks into a heavy, drowsy state, "typhoid" like in character, and succumbs within a comparatively short time from poisoning by absorption of septic matter and waste products, a condition of uræmia, and closely resembling chronic pyæmia or septicæmia. Lastly one observes the development of "typhoid" symptoms in cases of acute traumatic meningitis and encephalitis, complications of some injury inflicted on the skull and the structures contained within it. In these cases, with an open wound of the head, infection readily and often insidiously takes place unless more than ordinary care is exercised to prevent the establishment of a condition of sepsis. If, however, septic meningitis has taken place there is a speedy exacerbation of the general symptoms, especially the temperature, which mounts up to 104° F., concurrently with restlessness and delirium, which, if symptoms of comparison coexist, passes into that drowsy, stupified type, the breathing becoming stertorous, the pulse feeble and failing, and the patient succumbs in an exhausted condition from the dual effect of failure of the nervous system and compression. In the intra-meningeal form of intra-cranial suppuration which is occasionally associated with pyæmia "typhoid" phenomena appear towards the close of the case. In the days before attention was definitely directed to hygienic conditions in relation to surgical procedures cases not infrequently occurred where anæmic, cachectic, and debilitated patients, crowded together in a small, ill-ventilated ward, suffered from languor, headache, "continued fever," and similar symptoms indiscriminately passing into an "adynamic" or "typhoid" condition, which was in part due to the poisonous effects of an excess of carbon dioxide, gases of decomposition, and organic impurities in the air of the ward, and in part to the absence of sufficient air space per bed. Another important consideration in connexion with the development of the "typhoid state" during the course of any disease lies in the fact that in overcrowding and the continued inhalation of a vitiated atmosphere there is a marked prevalence of diseases of the respiratory tract, such as phthisis, pneumonia, and bronchitis, all of which, under the above mentioned conditions, have a tendency to assume an "adynamic" type closely allied to the "typhoid state." Of the twenty-three survivors of the Black Hole of Calcutta many suffered from a condition which is designated under the term "putrid fever," probably allied to typhus fever, in which "typhoid" symptoms were well marked. An example of the super-vention of such symptoms is also met with in animals in severe cases of "foot-and-mouth" disease, in which there is much fever, prostration, and thirst, these symptoms being the more pronounced in sucking animals. Writ-

ing on the "typhoid condition," Tweedie states that "it is announced by the decline of the previous more acute symptoms: by the pulse becoming more rapid and soft; the tongue dry and brown, tremulous, and protruded with difficulty; by the incrustation of the teeth with sordes; by the increasing intellectual disorder, indicated by the more constant low, muttering delirium, and the greater insensibility and deafness; and by the condition of the muscular system evinced by muscular tremor and subsultus tendinum, and in some cases irregularity or intermission of the pulse; by the patient lying sunk on his back or sliding to the foot of the bed, the muscles being unable to support the body even in the horizontal posture." Milner Fothergill reviewed this subject under the following considerations:—(1) the association of high temperature with its effect on the entire muscular system—this point has also been emphasised by C. B. Radcliffe, Wunderlich, and Bennett Dowler of New Orleans; (2) the general wasting of the muscles in fever; (3) the marked sense of prostration (*debilitas febrilis*); (4) the excess of urea excreted in the urine, there being a definite relation between temperature and amount of urea (in 'typhoid fever' about 1065 grains of urea are excreted in twenty-four hours, the normal being 400 grains); and (5) the pathological condition of the muscular structures before and after death. He also considers that this condition is due to an increased metamorphosis of blood and tissues with subsequent rapid wasting of the latter ("histolysis"), and that it is a common and necessary result of fever. He insists on the importance of "muscular prostration"—the patient being often found lying on his back in the middle of the bed, having gradually slipped down—as a characteristic clinical sign, and notes that "muscular weariness" is one of the earliest symptoms. The remark of Da Costa that "no blunder is more common than to misconstrue into typhoid fever a typhoid condition of the system" is not without its weight and value in reference to diagnosis.

III.—CONCLUSION.

In concluding these incomplete remarks on the "typhoid state" I regret that I am unable at the present to furnish further details as to its pathology, and as to the temperature or the condition of the circulation as shown by sphygmographic tracings. I have not yet been able to find an adequate reply to the query, Does the "typhoid" condition occur more frequently among persons of a highly nervous temperament or of a hereditarily unstable nervous system? I have not been able to discover any examples of this condition in cases of malignant disease, whether sarcoma or carcinoma.—*The Lancet*.

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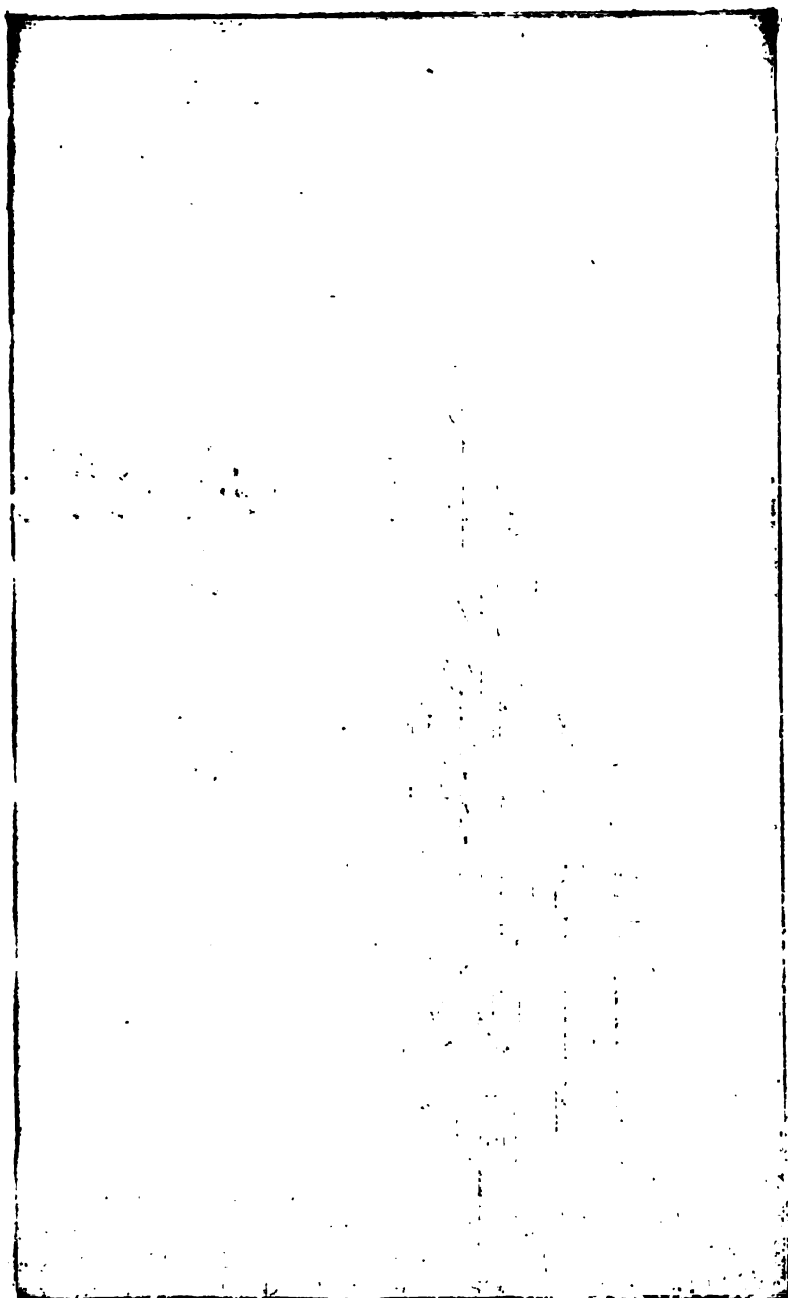
Editorial.

The Cape Fear Quarantine Station.

The Cape Fear river is the only marine gateway of importance by which epidemics may gain an entrance into North Carolina; and while vessels never pass up the river more than two or three miles above Wilmington, the whole State is, of course, deeply and directly interested in the efforts to prevent introduction of infectious diseases at this port. As the poison gaining an entrance through a slight peripheral lesion passes along the lymph and circulatory channels and makes the whole organism sick, so one case of contagious disease gaining entrance through this port, away down in the southeastern corner of the State, may spread along the avenues of travel and endanger the welfare of the whole commonwealth. And as

this applies to one State it applies to the whole country, therefore, the whole country is directly interested in stopping the poison at the gateway. The watchers at the port of New York protect Chicago as truly as they do New York, and those at New Orleans defend Memphis and all the cities on the Mississippi as well as New Orleans. And since the quarantine at a port of entry is intended as a protection for the whole country, it is not just that one State or city should be burdened with the expense of conducting it.

For a number of years the quarantine at the mouth of the Cape Fear has been under the control of a Quarantine Board, consisting of three medical men receiving their appointment from the Governor of the State. Two of this Board were residents of the city of Wilmington and the third



A B C D E
CAPE FEAR QUARANTINE STATION—SOUTHPORT, N. C.
A—Surgeon's House. B—Disinfecting Plant. C—Men's Quarters. D—Hospital. E—Ballast Crib.

the executive officer stationed at Southport. For some twenty years Dr. W. G. Curtis, of Southport, held the position of quarantine physician. We speak of it as a station, but it was so only nominally, for there was no plant for the disinfection of vessel and crew and no hospital for the care of the sick or the detention of suspects. The disinfection of vessels was accomplished by burning in their holds a quantity of sulphur, while disinfection of the crew's clothing was probably never done. The fact that we have so long escaped the introduction of contagious diseases is therefore due apparently to Divine beneficence than to our own care and watchfulness.

The Quarantine Board have long felt the great need of a well equipped station, and with the evaporation of the City Produce Exchange succeeded in getting passed by the Legislature of 1893 a bill appropriating \$20,000 for this purpose, provided the city of Wilmington would appropriate \$5,000. Concerning the propriety of this proviso, or the wisdom of the city in refusing to do their part we do not feel called upon to make any comment. Suffice it to say the thing remained *in statu quo*, and the committee who went to Raleigh had their trouble for nothing.

In February, 1893, a bill was passed in Congress, granting to the Marine Hospital Service the control over all quarantines; but provided that whenever a local quarantine station complied with the minimum requirements of the United States quarantine laws, as determined by periodical inspec-

tions by officers of the Marine Hospital Service, that station should not be interfered with. The State Board of Health seeing that the effort to equip the station and keep it under State control had failed, turned the station over to the Marine Hospital Service. An inspection was made and an appropriation of \$25,000 immediately secured for building an equipping the station with modern apparatus.

Plans, upon the recommendation of a board, consisting of Dr. J. J. White, Passed Assistant Surgeon Marine Hospital Service, Dr. G. G. Thomas, President of North Carolina Board of Health, and officers of the Revenue Marine Service, were devised in the office of Supervising Architect, and the contract to build the station was let to Mr. F. Baldwin, of Washington, D. C. Dr. J. M. Eager has had several years experience in Marine Hospital Service at Cincinnati, Key West, and New Orleans, besides several details for special quarantine duty and will make an efficient officer.

The new station on which work has begun, the coppered piling having all been driven at this writing, is located on east side of channel of Cape Fear river about $1\frac{1}{2}$ miles from Southport. The station is to be built on a pier 600 feet long with gang ways, dock and ballast crib. The head of pier will extend into the channel in 20 feet of water. The general plan of the pier will be in the shape of a cross—the foot of which will extend toward the shoals. The tip of the cross being the pier head on which

will be the Disinfecting House—at the extremity of one of the arms will be the Hospital, at the other the Surgeon's House, while at the juncture of the cross will be the attendants' quarters, so as to be easily accessible to the different parts of the station. The Disinfecting House will be provided with the most approved scientific appliances for the mechanical and chemical cleansing of infected vessels. A sulphur furnace will be provided, with which a 10 per cent. per volume strength of sulphur dioxide of gas can be evolved, a result not otherwise obtainable except by the liberation of liquified sulphur dioxide. This gas will be conducted into the holds and other parts of the vessels by means of hose. Apparatus will also be provided for disinfection by live steam, and tanks for the storage of disinfecting solutions with appliances for their application. The Hospital which will be used for contagious diseases and "suspects" only, is to be a one story building with a ward, dispensary and attendants' room. The ward will be provided with separate kitchen, separated from the Hospital proper by a covered walk. Special landing for contagious patients, to be taken to the Hospital without contact with other parts of the station, will also be provided. The attendants' quarters will be a dormitory with bunks and lockers for ten men, and they will have their own kitchen and dining room. The ballast crib is for ballast taken from vessels, which after having been disinfected will be placed in the crib so that it may form a nucleus for an artificial island. The original plan

also contemplated suitable quarters for the medical officer in command, but the present appropriation is insufficient, and the building of the attendant medical officer's quarters will be omitted now. The Steamer Woodworth will be anchored at a convenient point near the station, and used as a headquarter vessel for quarantine crews, and as a boarding boat. The Woodworth is a tug of 88 tons burden. Her length is 80 feet, depth $7\frac{1}{2}$ feet, beams 17 feet. She is of wood and was built at Camden, N.J. The station is provided with a naptha launch, and it is contemplated adding to her floating equipment a whale boat for boarding in rough weather—the self righting life boat to insure the safety of those on the pier in the case of storms. At present the station is being conducted for inspection only. Should any infected vessel arrive at Southport quarantine before completion of the station, she will be remanded to United States quarantine station, Blackbeard Island, Sapelo, Ga., for proper treatment.

Respecting inspection, under the United States quarantine regulations now in force, vessels arriving at ports in United States are under the following conditions subject to inspection by a quarantine officer prior to entry: Any vessel with sickness aboard; all vessels from foreign ports; vessels from domestic ports where cholera or yellow fever prevails; or where small-pox or typhus fever prevails in epidemic form. Exceptions: Vessels not carrying passengers in the inland waters of the United States; vessels from the Pacific and Atlantic coasts of British America, provided they do

not carry persons or effects of persons non resident in America for the sixty days next preceding arrival and provided always that the port of departure be free from quarantinable diseases; vessels from other foreign ports, via these excepted ports shall be inspected. Also subject to inspection are vessels from foreign ports carrying passengers, having entered a port in United States without complete discharge of passengers and cargo. Such vessels shall be subject to a second inspection before entering any other port. Vessels from ports suspected of yellow fever having entered a port north of the southern boundary of Maryland without disinfection are subject to a second inspection before entering any port south of said latitude during quarantine season of such port. In making inspection of vessels the bill of health and clinical record of all cases of diseases treated during voyage, the crew and passenger lists, and manifesto, and where necessary the ship's logs are examined. The crew and passengers are mustered and examined and compared with lists and manifests, and any discrepancy investigated. According to quarantine laws at present in force all vessels clearing from any foreign port, for any port in the United States are required to obtain from consul, vice consul or other consular officer of United States at port of departure, or from the medical officer, when such has been detailed by the President for that purpose, a bill of health of a prescribed form setting forth sanitary history, and condition of vessel, cargo, crew and passengers, and also stating the health

condition of port of departure, and tributary country especially as regards quarantinable diseases. Under the United States law the quarantinable diseases are cholera (cholerae), yellow fever, small pox, typhus fever and leprosy. The quarantinable vessels are those under the following conditions: With any quarantinable disease aboard; having had such during the voyage, or within thirty days next preceding arrival, or if arriving in quarantine season, having had yellow fever on board since March 1st, of the current year unless satisfactorily disinfected thereafter. Vessels from cholera ports, or where typhus prevails in epidemic form, coming directly, or by any other foreign port, or by way of any United States ports unless they have complied with United States quarantine regulations for foreign ports, also vessels from non-infected ports, but bringing persons or cargo from places infected with cholera, yellow fever, or where typhus fever prevails in epidemic form except as subsequently noted. Vessels from ports where yellow fever prevails unless disinfected by quarantine regulations, and not less than five days having elapsed since such disinfection.

The following exceptions are made with vessels from ports quarantined against for yellow fever: Vessels arriving during certain seasons of the year from November 1st, to May 1st, which is not the quarantine season, may be admitted to entry. Vessels bound for ports of United States north of the southern boundary of Maryland with good sanitary condition and history, having had no sick-

ness on board at port of departure, en route, or on arrival, provided they have been five days from the last infected or suspected port, may be allowed entry at port of destination; but it said vessels carry passengers destined for places south of this latitude, the baggage of said passengers shall be disinfected. Vessels engaged in the fruit trade from ports officially declared safe, are admitted to entry at port of destination without detention, provided they carry or have carried no passengers from one port to another, and have no household effects or personal baggage in cargo, and have complied with special rules and regulations made officially for vessels engaged in this trade.

The inspection of vessels is always made by day light except in cases of vessels in distress. All persons on vessels having had small-pox on board must be vaccinated or show satisfactory evidence of recent vaccination, or of having had small pox, or detained in quarantine for not less than fourteen days, and all effects and compartments liable to convey infection, disinfected. No fees are charged for United States quarantine. Pilots who have boarded infected vessels, are subject to the same treatment as members of the crew.

When a vessel is held for disinfection

the passengers and all of the crew are removed if cholera has occurred, save those necessary to care for vessel. The sick are placed in Hospital. Those specially suspected are carefully isolated. The others are segregated in small groups, and no communication is allowed between these groups—those being especially capable of conveying infection are not permitted to enter the barracks, until they are bathed and furnished with sterile clothing. No material capable of conveying infection is taken in the barracks, especially food. All hand baggage is disinfected. All cargo liable to convey infection, the living apartments, furniture, and such other portion of vessels as are liable are disinfected. The water tanks or casks are chemically cleansed and afterwards filled with water known to be absolutely pure, or with water recently boiled. After completion of all disinfection, all persons are detained in quarantine for a time sufficient to cover the period of incubation of the disease for which quarantine is practiced. This for yellow fever is five days; for typhus not less than twenty; for small pox not less than fourteen. No alien lepers are allowed to land. The quarantine laws will be rigidly enforced here as soon as the station is equipped.

Reviews and Book Notices.

The American Year-Book of Medicine and Surgery. Being a Yearly Digest of Scientific Progress and authoritative opinion in all branches of Med-

icine and surgery, drawn from Journals, monographs, and Text-Books, of the leading American and foreign authors and investigators. Collected and arranged with critical

editorial comment by various eminent physicians and surgeons of America under the general editorial charge of George M. Gould, M.D. In one royal-octavo volume of 1184 pages. W. B. Saunders, Philadelphia. 1896. Price—cloth \$6.50, half morocco \$7.50, by subscription only.

The title page gives a good idea of the scope of this work. The work is a summary of *medical progress* during the past year. It does not attempt a review of everything that has been published. The various subjects have been entrusted to those who are thoroughly qualified by experience and training to cull from the great mass of literature those things which will be of service to the general practitioner and specialist. Thus we find General Medicine allotted to Professor Wm. Pepper; Surgery to Dr. W. W. Keen; Obstetrics to Dr. Barton Cooke Hirst; Gynecology to Dr. J. M. Baldy; Orthopedic Surgery to Dr. V. P. Gidney; Otology to Dr. Chas. H. Burnett; Pathology and Bacteriology to Drs. John Guiteras and David Riesman; etc. The Bibliography is presented on each page in

footnotes and the criticisms of the editors appear in the text in brackets.

Numerous wood-cuts and full-page plates illustrate the text. The volume is gotten up in similar style to the popular American Text-Book's from the same publisher.

Color-Vision and Color-Blindness. A Practical Manual for Railroad Surgeons. By Ellis Jennings, M.D., Lecturer on Ophthalmology and chief of the Eye Clinic in the Beaumont Hospital Medical College, etc., with illustrations. Octavo. cloth, 111 pages. The F. A. Davis Co., Philadelphia, Pa. 1896.

This monograph is intended especially for the use of railroad surgeons who may have to examine applicants for positions on railroads in regard to their color vision. In this section of the country it is remarkable how little attention is paid by the railroad companies to the color vision of their employees, and yet to this defect is due many of the accidents which cause great loss of life and property. The subject is treated by Dr. Jennings in an exhaustive and satisfactory manner.

Abstracts.

THE TREATMENT OF SOFT CHANCRE.—The *Centralblatt für Chirurgie* for January 25th contains abstracts of two articles on the treatment of chancre. The first, Neisser, was published in the *Berliner klinische Wochenschrift*, 1885, No. 36. Neisser says that for many years he has observed the best results from cauterization

with pure carbolic acid. The application, he says, is absolutely painless; it destroys the floor of the ulcer thoroughly, especially under overhanging borders of skin; it generally cleanses the sore very rapidly, and—a point on which the author lays special stress—it does not set up any artificial hard infiltration, as nitrate

of silver does, to be subsequently mistaken for the induration of a syphilitic chancre. After the cauterization he applies powdered iodoform and a two-per-cent. ointment of nitrate of silver. Neisser remarks that in four instances lately he has observed sores having the character of soft chancres, occurring three or four days after coitus, which did not heal under this treatment, but after a number of weeks became transformed into serpiginous syphilides; the soft chancre, he says, had become "provocative" of the starting point of a tertiary syphilide, which was promptly cured with iodide of potassium. In such cases, says Neisser, one might readily be led to suppose that a reinfection had taken place; consequently mercury should not be given, for it cures primary, secondary, and tertiary manifestations alike, and thus makes the diagnosis impossible, while potassium iodide, which cures only tertiary affections, may be used with entire propriety.

The other article, by Frank, which appeared in the succeeding number of the *Wochenschrift*, seems to have been called forth by Neisser's. Frank uses formalin for effecting the destruction of the ulcerative surface. He says that after twelve hours it appears perfectly dry, as if frozen, and that in six days this dry layer is shed, and the sore is perfectly healed in one or two days more. Formalin, too, he states, does not give rise to any induration of the surrounding tissues, and the pain occasioned by its application is slight, and of but a few seconds' duration. In a few cases he has observed that after the shedding

of the dried layer the sore showed a moist, glistening surface, without any tendency to heal, but in these cases induration appeared subsequently, together with other signs of syphilitic infection.—*New York Medical Journal*.—*The Practitioner*.

NON-INTERFERENCE IN ABSCESS OF CHRONIC TUBERCULAR DISEASE OF THE JOINTS.—Dr. Newton M. Shaffer, before the New York Academy of Medicine (*New York Medical Journal*, February 29, 1896), presented the conservative side of this question recently. He claims that notwithstanding the advance which has been made since the introduction of aseptic surgery, yet that abscesses which form from tubercular disease of joints are better without interference, provided that good mechanical support is given to the diseased structures. He emphasizes the difference between acute and cold abscesses, pointing out that in the latter there is a distinct condition, having a bacillus of tuberculosis as its cause. There is no apparent heat, and the general temperature is normal or nearly so. Pathologically, it is not a pyogenic abscess. Ogston, Cheyne, Collins, Warren, Senn, and Dr. John Dane have proved that these abscesses are sometimes absolutely sterile. The fundamental principle of mechanical treatment in chronic tubercular joint disease is: "*Protection to the diseased part with the maintenance of functional activity of the other parts of the body.*" He presents an analysis of the statistics of thirty-five cases treated upon these principles in the New York Orthopædic Hospital, with the following summary:

Of the thirty-five patients (all the abscess cases which have occurred in the hospital for over four years) twenty-six remained under the care of the institution for a sufficient length of time to test the value of the plan of non-interference.

Of these twenty-six patients three had each two distinct abscesses, making twenty-nine abscesses treated in all. In two of the double-abscess cases there were large bilateral iliopsoas abscesses, and it is worthy of note, especially in connection with the cases of S. W. and J. B., that absorption of the abscesses occurred in all these cases.

Of the twenty-nine abscesses, eight (27.58 per cent.) underwent complete absorption; nineteen (65.51 per cent.) after opening spontaneously, closed under simple external dressings in periods ranging from two to twenty-one months; and in two (6.89 per cent.) there are still small sinuses discharging a few drops daily.

Of the twenty-nine abscesses, 93.09 per cent. have either closed or been absorbed.

Of the remaining nine patients, one was removed by her mother after our efforts, up to the time of removal, had failed to produce an adequate joint protection on account of the location of the abscess. In one instance the abscess was nearly well when the patient entered the wards.

In seven instances the patients either entered the wards with phthisis pulmonalis, or had multiple joint disease, or were removed from the care of the hospital while under active treatment. Of these seven, five died,

and two have small sinuses which discharge slightly.

In conclusion, I desire to say two things: (1) None of these patients were selected, and none were declined, on account of their condition at the time of their application. (2) I hope that others who hold different views, and especially those who practise incision, etc., will make reports of entire unselected groups of patients with tuberculous abscess of the joints. We shall then have a basis for intelligent comparison.—*The Practitioner*.

TREATMENT OF WHOOPING COUGH BY QUININE.—According to M. Fischer, quinine has not only a favorable effect in checking whooping cough, but may completely cure it. In two children the number of attacks after the use of quinine for two days was found to decrease from fifty-six to two each day. At the end of eight days they disappeared entirely. He has treated altogether twenty-seven children, of whom one died the day following its admission to the hospital. Two others could not retain quinine, vomiting it. In the others the effect was remarkable. At the end of five days there was complete relief from the attacks. In the most severe cases, all that remained of the attack was a little bronchitis. Where whooping cough is complicated by bronchopneumonia the quinine has also a favorable action upon the latter. Moreover, it stimulates the appetite of the little patients. As to the dose, he gives one centigramme for each month and ten for each year of the child's age, not giving, however, more than forty centigrammes at a time.

MORTALITY FROM DIPHTHERIA SINCE THE USE OF SERUM. (Monod—*Progrès Médical*). In one hundred and eight towns in France, comprising more than twenty(?) thousand inhabitants, the mean mortality from diphtheria during the first six months of the years 1888 to 1894 was two thousand six hundred and twenty-seven. During the first six months of 1895 there have only been nine hundred and four deaths, a decrease of 65.6 per cent. If one considers that diphtheria is more frequent in the country than in the towns, one ought to consider at least fifteen thousand lives saved each year.—*Int. Med. Mag.*

PERITONEAL IRRIGATION AND DRAINAGE.—Cordier (*American Journal of Obstetrics*, October, 1895), in a paper with the above title, reaches the following conclusions:

Drainage is a life-saving process when used properly.

To use it is not an admission on the part of the surgeon that his work during the operation was imperfect.

The use of the tube alone does not produce or leave any condition that favors the development of hernia.

The omentum or other structures do not become entangled in the openings of the tube.

A small-sized flint-glass tube with small openings and open end should always be selected for pelvic drainage.

The tube does not produce fecal fistulæ.

The tube should be used when in doubt as to the absence of drainage indications.

To depend upon the microscope findings as to whether a given case

should or should not be drained is seemingly scientific, but is neither necessary nor practicable.

Gauze drains rarely should be used, and always should be supplemented by a glass drain.

There is no danger of infecting the patient through the tube, if the attendant is properly instructed.

Where irrigation is indicated, drainage should be used. Many cases will require drainage where irrigation was not indicated.

The emptying of the tube and the time of its removal must be governed by the indications and progress of individual cases.

Irrigation with a normal saline solution cleanses more quickly and effectively than the most thorough sponging.

The irrigating fluid should not be too hot to be comfortably borne by the operator's hands.—*Therapeutic Gazette*.

A CASE OF TETANUS, FOLLOWING ABORTION, TREATED BY ANTITOXIN; RECOVERY. Withington (*Boston Medical and Surgical Journal*). The author reports a case of tetanus following abortion which was claimed to be non-instrumental. Three days after the abortion there were signs of puerperal sepsis and the uterus was curetted, and three days later symptoms of tetanus appeared.

The patient had frequently recurring spasms, averaging from ten to twenty an hour. She was treated at first by large doses of bromide of sodium and chloral, and later with tetanus antitoxin-serum. She received, on three successive days,

twenty-two cubic centimetres, twenty-three cubic centimetres, and twenty-three cubic centimetres respectively. This treatment relieved the spasms, the occurrence of the spasmodic movements falling from one hundred and twenty in nine hours to thirty-five in eleven hours. The bromides and chloral were reduced in amount when the first injection of serum was given, and discontinued entirely at the time of administering the third dose. Three days after the third administration of the serum the spasms were on the increase, and the patient received a fourth injection of twenty-two cubic centimetres of serum. Improvement was then constant, and the patient was discharged cured in about two months' time, menstruation being established before she left the hospital. At the time of the fourth dose of the serum the patient was given a single dose of fifteen grains of chloral.—*Int. Med. Mag.*

THREE SUCCESSFUL CASES OF SPLENECTOMY. Bland Sutton (London *Lancet*, No. 3764, 1895) reports three successful splenectomies. The first patient was a girl, age seventeen. The tumor had been present since the age of five. For two years it caused dragging sensations and was accompanied by jaundice. Leucocythemia was excluded by blood-examination. The spleen was exposed by an incision through the left semilunaris. The viscus extended from the diaphragm to the true pelvis, its extremity being in contact with the uterus. The

slender parts of the gastro-splenic omentum were secured with plaited silk, the suspensory ligament was ligated, and the spleen cut. The gall-bladder was found to be larger and thicker than usual; the stomach was large and reached below the level of the umbilicus. The wound was secured in triple layers, and the patient returned to bed. She left the hospital sixteen days after operation, entirely well. The spleen deprived of blood weighed $2\frac{1}{2}$ lbs., and on microscopical examination was found to be fairly normal in structure.

The second case suffered from anemia—a girl of five years. The viscus, which weighed ten ounces, was removed. The patient recovered at once.

The third case was one of wandering spleen occurring in a woman of thirty-two. On opening the belly the spleen was found in the hollow of the sacrum; the pedicle around it was very thick and hard. It was transfixed and secured with four plaited silk ligatures. The detachment of the spleen was followed by an abundant flow of blood, and two forcible but narrow jets of arterial blood issued from the cut surface of the pedicle. The stump was retransfixed with three silk-ligatures on the distal (spleen) side of the first row of sutures, and, as the open, everted mouths of two large arteries were visible on the face of the pedicle, these were ligated separately with silk. The patient rapidly convalesced.—*Therapeutic Gazette.*

THE OPERATIVE TREATMENT OF TRAUMATIC RUPTURE OF THE DIAPHRAGM.—Schlotter (*Korrespondenzblatt für schweizer Aerzte*, No. 12, 1895) reports an instance of successful operation for a penetrating wound of the chest extending through the diaphragm into the abdominal cavity. The patient had received several wounds by stabbing in the left side of the chest. Through one of these, which was situated in the ninth intercostal space, there was a protrusion of omentum, on the reduction of which a penetrating wound could be felt in the diaphragm. After the protruding omentum had been placed within the abdominal cavity, and the wound in the thoracic wall enlarged, the slit in the diaphragm was closed by sutures. Healing occurred by first intention and the patient made a good recovery.—*Uni. Med. Mag.*

RETENTION CYSTS OF COWPER'S GLANDS AS A CAUSE OF CHRONIC GLEET, SPASMODIC AND ORGANIC STRICTURES, AND EXTRAVASATION OF URINE.—Fenwick (*British Medical Journal*, January 4, 1896) says he believes that in discovering retention cysts of Cowper's glands to be not infrequent in the adult, he has chanced upon an important clue to one of the causes of some of the more obscure and chronic affections of the deep urethra. It is true that several cases of cysts of these glands have been found in infants, upon post-mortem examination, and that three probable cases in adults have been recorded, but it has not been shown that small size cysts occur in young adults, and may remain for months

unsuspected, as being the cause of chronic change and definite irritation of the urethral mucous membrane. Since he has used the aero-urethroscope he has examined some hundreds of urethræ in the inflated condition, and has noticed especially the pathological conditions of the smaller glands. He has also paid especial attention to the changes which take place in these glands as the result of chronic gleet.

Some years ago he noticed an ovoid swelling in the bulb of the urethra. Incising it with a very small knife, he evacuated about a drachm of mucus streaked with milky pus.

The symptoms produced by such cysts are,—

(1) A chronic milky gleet, slight but persistent.

(2) A distinct, although slight obstruction to the free passage of urine. Apparently this is due to a spasm of the compressor urethræ muscle excited by the presence of the cyst.

(3) A dull heavy weight and pain on one or other side of the median line of the perineum at the margin of the anus, somewhat similar to the pain of chronic prostatitis, and probably often mistaken for it. This pain is liable to exacerbations from cold, alcohol, etc.

For the treatment of this condition the author recommends incision by the fine harpoon knife, and then thorough cauterization of the cyst cavity with the solid stick of nitrate of silver. In future cases the author thinks it would be best to incise through the perineum.—*Uni. Med. Mag.*

TREATMENT OF ACID DYSPEPSIA.—Bergmann (*Wiener medicinische Wochenschrift*, 1895, No. 6) suggests a new method for the cure of acid dyspepsia. It has at least the merit of simplicity. He directs his patients to chew (to retain in the mouth) for about an hour after meals tablets made of equal parts of ginger and calamus-root and of calcined and ammoniated magnesia, with the idea of increasing the alkaline secretion of the saliva. Bearing in mind that the secretive activity of the gastric mucous membrane is abnormally increased in acid dyspepsia, and that aromatic substances, if given in any considerable quantity, would still further increase gastric secretion, his tablets contain only small amounts of the aromatics, —ginger and calamus,—so that while they add slightly to gastric secretion they cause a great increase of salivary secretion.

The excess of the alkaline saliva neutralizes the excess of acidity of the gastric juice.

Bergmann has tried this plan with success in a number of cases of acid dyspepsia occurring in diabetes, in chronic gastric catarrh, and other functional and organic gastric troubles, and now offers it to the profession for control experiments in practice.—*Uni. Med. Jour.*

METHOD FOR THE INDUCTION OF PREMATURE LABOR.—Kufferath (*Congrès de Gynécologie de Bordeaux*, August, 1895) described a method for inducing premature labor in the later months of pregnancy. The neck of the uterus is fixed with a volsellum, and a glass canula attached to an irri-

gating apparatus is passed through the internal os and made to press lightly against the membranes. The lower uterine segment is then irrigated at low pressure, and the membranes thus separated in the neighborhood of the internal os without the position of the child being altered, and without causing pain if care be taken that the fluid escapes easily. The fluid used by Kufferath was sterilized water containing a little boric acid in solution, and the quantity employed varied from one to two litres. He had successfully adopted this procedure in fifteen cases, and claims that it is much more powerful and rapid than any other.—*Uni. Med. Jour.*

A CONSERVATIVE OPERATION UPON A CLOSED FALLOPIAN TUBE FOLLOWED BY IMPREGNATION.—Gersuny (*Centralblatt für Gynäkologie*, No. 2, 1896) reports the following very interesting case, describing a method of operation upon a closed Fallopian tube which allowed impregnation to take place. The patient was 25 years of age. Menstruation appeared at 17 years of age, and had always been regular. She had been married five years and never conceived. She was admitted to the hospital for the operation of oöphorectomy, the removal of a tubo-ovarian cyst the size of a child's head from the left side. After removing the cyst, tube, and ovary, it was noticed that the uterus and right ovary were normal. The tube was of normal dimensions towards the uterus, and ended at the Fallopian extremity in a closed sac the size of a walnut. In the pelvis there were

the signs of an old peritonitis. Considering the fact that the patient had been sterile and wished children, the following experimental operation was immediately decided upon: The tube-sac was incised upon the surface towards the ovary, a considerable quantity of thin, dark, bloody fluid escaping. The inner surface was seen smooth and covered by a thin layer of mucous membrane. The ovary was introduced into this opening in the tube and held in place by six fine interrupted sutures, which attached the ovary near the mesovarium to the edges of the incision. The ovary was thus almost entirely introduced into the tube-sac. This enclosure of the ovary in the tube-sac was an experiment with a doubtful result, yet it was quite positive that in ovulation the ovum must enter the tube, but there still remained the question whether the tube in relation with the uterus was patent. If the tube was not patent, then the operation would be useless, but if, on the other hand, there was an opening between the tube and uterus, or the tube later became patent, conception was possible, but perhaps tubal pregnancy would result. Still another question to be considered, which must continue unanswered, was, What effect would the placing of an organ

which floats freely in the peritoneal cavity into a sac covered with mucous membrane have upon that organ? All of these questions can only be answered through experimentation on women. The writer believes this experimentation is justifiable, since so many sterile women would be willing to undergo even the most dangerous operation if there was any hope of finding and correcting the cause of their sterility. Again, the only danger which could have resulted from the described operation was the possibility of tubal pregnancy resulting. The further history of the patient was as follows: Three weeks after the operation (April 30, 1895) she left the hospital in good health. In the beginning of June she menstruated for the first time; again in the beginning of July and August, and then no more. On November 25 she stated that she was in good health, but that her breasts had increased in size and she had noticed that the girdle of her dress had become uncomfortably tight. On examination at this time the uterus was found to be the size of a large orange, the fundus reaching above the symphysis. The cervix was short, and nothing abnormal could be found in the pelvis. It was therefore a normal pregnancy in the middle of the fourth month.—*Uni. Med. Jour.*

Therapeutic Hints.

FIBROID TUMOR OF THE UTERUS.—Dr. W. Easterly Ashton finds that for the pains vaginal injections of hot

water twice a day, followed by the introduction of cotton-wool tampons saturated in a ten per cent. solution

of ichthyol in glycerine, are useful. The tampons are inserted two or three times a week and removed on the following morning. He also gives tincture of cannabis indica along with the bromide of sodium.—*Med. Record.*

Eggs:—A mustard plaster made with the white of an egg will not leave a blister.

A raw egg taken immediately will carry down a fish bone that cannot be gotten up from the throat.

The white skin that lines the shell of an egg is a useful application for a boil.

White of egg beaten with loaf sugar and lemon relieves hoarseness—a teaspoonful taken once every hour.

An egg added to the morning cup of coffee makes a good tonic.

A raw egg with the yolk unbroken taken in a glass of wine is beneficial for convalescents.—*Ibid.*

TO REMOVE TATOO MARKS:

Brault, in the *Medical Record* suggests the following plan: After asepsis of region the tatoo is remade with a solution of thirty parts of zinc chloride in forty parts of sterilized water with due precautions no great inflammatory reaction takes place. After a few days a crust forms, which falls off from the fifth to the tenth day.

A COUGH LINCTUS, WITHOUT OPIATE:

R—Acidi hydrobrom. dil 3 j;
Spts. chloroformi 3 j;
Syr. pruni virg. 3 jv;
Mucilag. ad 3 iss.

M—Sig:—A teaspoonful every 3 or 4 hours.—*The Practitioner.*

TO REDUCE ENLARGED TONSILS.

Dr. H. W. Hendall of Quincy, Ill., says in the *Journal of the American Medical Association*, that in his opinion, super-acidity of the prima viæ is the essential cause of acute and chronic tonsillitis. The saliva being acid, in this condition great relief will be obtained by the free application and ingestion of potassium and soda. His method of reduction he describes as follows:

“We have an efficient cauterant and at the same time an antiseptic and alterant in pure hydrochloric acid, which is always friendly to human flesh. This is the agent that I have found so efficient in reducing enlarged glands in all parts of the body, but the method of using it is the particular point that I wish to present in this short paper. My method is the use of capillary glass tubes (Bohemian or Whital and Tatum's glass), one-eighth of an inch caliber, heated in a Bunsen flame and drawn to a point, the shaft of the drawn part two inches long with caliber one sixty-fourth of an inch, broken off and fire polished. Now if the shaft of the tube is five inches long the drawn part will hold, after dipping in a fluid, one minim; if the larger shaft is increased in length it will hold more. When the point of this tube touches any substance it will deposit a fraction of the drop; by long contact it will deposit all that it contains.

I dip these tubes into pure fuming hydrochloric acid and push them into the excretory ducts of the tonsils, three in each gland at each sitting, twice a week. This operation is painless and produces no inflammation or

swelling. Five or six applications are sufficient for moderately enlarged glands. Nitric acid used in the same way will produce swelling and sloughing. Chromic acid so used is rapidly effective, but I abandoned it forever after producing tetanus in a malignant case. By careful, gentle and rapid manipulation of the first application any child will submit to the treatment willingly.

If a local anæsthetic is desired a saturated solution of bromide of potassium and bicarbonate of soda is better than cocaine because the latter produces subsequent delirium or dizziness with asthmatic breathing in many cases."—*Langsdale's Lancet*.

HOT WATER DOUCHES:

Dr. Baldy teaches that vaginal douches of hot water, as commonly used in the treatment of pelvic or uterine inflammation, are positively harmful. Hot water used by the patient in the crouching position simply adds congestion to an already inflamed part. To derive benefit rather than harm from the treatment the patient must be reclining and not less than a full gallon of water at a temperature of 105° to 110° F. should be used. Experience teaches that it is impossible to get dispensary patients to observe these rules, and consequently douching is not ordered except for cleansing purposes.—*Philadelphia Polyclinic*.—*Med. Review*.

OFFICIAL LIST OF CHANGES IN THE PUBLIC SERVICE.

MARINE HOSPITAL SERVICE.

For the sixteen days ended March 16, 1896.

Hamilton, J. B., surgeon, granted leave of absence for four days, March 16, 1896.

Irwin Fairfax, surgeon, to inspect service at Havana, Cuba, and quarantine stations in the South, March 2, 1896.

Carrington, P. M., passed assistant surgeon, granted leave of absence for thirty days, March 16, 1896.

Nydegger, J. A., assistant surgeon, to report at Bureau for instructions, March 6, 1896. To proceed from Washington, D. C., to South Atlantic Quarantine and assume command March 7, 1896.

Prochozka, Emil., assistant surgeon, granted leave of absence for ten days, March 11, 1896.

BOARD CONVENED.

Board to examine and report on schedule of subsistence for seamen on merchant vessels of the United States, to meet in Washington, D. C., March 16, 1896. Surgeon P. H. Bailhache, chairman; Passed Assistant Surgeon C. E. Banks and Passed Assistant Surgeon J. J. Kinyoun, recorders.

THE NAVY.

Tor the two weeks ending March 28, 1896.

Surgeon P. M. Rixey, ordered to the naval dispensary, Washington.

Assistant Surgeon H. LaMotte, detached from the naval hospital, Chelsea, Mass., and ordered to the receiving ship "Franklin."

Surgeon G. F. H. Harmon, detached from the naval dispensary, Washington, and ordered to the Naval Academy.

Passed Assistant Surgeon C. H. T. Lowndes, ordered to the Washington navy yard.

Passed Assistant Surgeon B. R. Ward, detached from Coast Survey Steamer "Blake," and ordered to the "San Francisco," holding survey on Chaplain J. J. Kane in London, en route.

Surgeon J. C. Wise ordered to examination for promotion March 27.

NECROLOGY.

SOME RECENT DEATHS AMONG PHYSICIANS.

Dr. D. T. Dillard at Asheville, N. C.

Dr. Wm. J. Nock, at Fort Adams, Miss., March 8.

Dr. Dorrance K. Mandeville, aged 68, at Brooklyn, N. Y., March 9. He was formerly a surgeon in the United States Marine Hospital Service.

Mrs. M. M. Mathews, wife of Dr. J. E. Mathews, at Ringwood, N. C., February 24.

Dr Lockwood Alison, at Kingston, La., March 12.

Miscellaneous Items.

A new law in New Hampshire requires persons, firms and corporations employing females to provide suitable seats for them.

Some of our exchanges are already quoting one of the advertisements of the *Medical Record* as if it had been an original article to our columns.—*Med. Record*. [Think how the great New York paper is deceiving its readers by permitting advertisements to be so situated and arranged as to be mistaken for original matter, even by medical editors, who are "on to such things."]

A bill requiring all medical schools

in the State of New York to adopt a four-year course has been signed by the Governor and becomes a law. Students already entered are allowed to graduate under the rules in force at the time of their matriculation.

The commencement exercises of the Chattanooga Medical College were held March 17. There were twenty-two in the graduating class. The first prize for the highest general average on all branches was awarded Dr. B. Burns Rogan of Alabama; the second to Dr. James L. McKenzie, of Tennessee, and the third to Dr. Jno. Tate Masoner, of Tennessee.

Doctor, arrange your business so

that you can attend the meeting of the Society, in Winston, on the 12th, 13th and 14th of May. A little rest and recreation just at this season will do you good. Contact with your professional friends will give you new ideas, broaden your sphere of usefulness and give you a more cheerful view of life; and this will be of benefit to yourself and your patients. Come, pack your bag, and attend the meeting. If you are not a member, by all means become one, for the profession needs now, if it ever did, to pull together.

In a conversation at a dinner-party recently a gentleman remarked that Mr. Brown had had his appendix removed. A lady, who was somewhat deaf, asked from across the table what the gentleman had said. He replied in a little louder tone "Mr. Brown has had his appendix removed." She returned in much sadness of tone "Poor man, and he wanted children so much, too!"—Ex.

The court-martial order dismissing Surgeon Kershner from the service for violation of the naval regulations has been indorsed by the President.

A fire occurred in a St. Louis hospital recently, due to the ignition of ether during an operation.

The Senate of Cambridge University, by a vote of 186 to 172, has rejected the proposition to appoint a committee to consider the question of conferring degrees upon women. —*Med. Record*. [The Senate of Cambridge evidently has 186 members

who are antiquated in their ideas, and are less worthy of the degrees they possess than many of the handicapped sex would prove themselves to be had they the chance. At the next vote enough of these will have gone to join Moses and Aaron to cause the majority to be reversed. Oxford has refused them the right to the degree of bachelor of arts by a vote of 215 to 140. Probably had their ambition suggested only the inferior rank of "spinster of arts" it would have met with greater success.—ED.

The bacteriologists of the Health Department of New York city have been experimenting as to the effect of X-rays upon the bacilli of diphtheria and tuberculosis. The experiments were made on Friday, March 20, by Dr. Biggs and Dr. Martin. Saturday, however, Dr. Beebe discovered that the results of the experiments were negative. It was expected that as the bacilli of the diseases are readily killed by exposure to intense light that the X-rays might have a similar effect, but beyond the fact that the bacilli thrived in the beef broth in which they were, no other effect was observed. This seems to be in line with the recent experiments of Nicola Tesla, who found that the X-rays had a soothing and even stimulating effect when directed upon the human brain. —*Jour. Am. Med. Asso.*

X-RAY SPECTACLES.—It is reported that Mr. Thomas A. Edison has invented fluorescent spectacles which will enable the surgeon to see directly through any part of the body. The

fluorescent medium is paper covered with the tungstate of calcium, and takes the place of ordinary lenses in the spectacles. By means of a portable machine containing an air-pump and Crookes' tube the rays are projected through a limb from its distal aspect and transfer the image directly to the eye of the observer. He calls his instrument the Fluoroscope, and claims that it can be adapted to hospital uses.—*Med. Record.*

Successful candidates for the degree at Bellevue made the neighborhood of East Twenty-Sixth street very lively for a few hours the day the results of their examinations were announced. This is as it should be. Their time for merry-making is fast drawing to a close. In a few years they will look back and wonder why they should have felt so good over it—and wish at the same time they had made things more lively while they were at it.—*Ibid.*

Reading Notices.

SANMETTO IN RETENTION OF URINE. Have given Sanmetto a good trial and find it one of the best preparations I have ever used. Case No. 1—John D., age 70, Ireland—has been troubled for a long time—unable to pass his urine. After treatment with other remedies with no benefit, placed him on Sanmetto with following results: The first day the pus increased in quantity, on second day diminished, by fourth day could urinate himself, before this he had to be catheterized. Dose one drachm every four hours for the first three days, afterwards one drachm three times a day. Discharged in ten days, a complete cure of cystitis.

C. C. FORMAN, M.D.,
House Phys. Bayonne Hospt.
Bayonne, N. J.

J. L. Ridley, M.D., Huntsville, Ala., says: I have used S. H. Kennedy's Extract of *Pinus Canadensis*, both White and Dark. I can frequently cure gonorrhea without any other remedy. I use either as an injection, and prescribe the Dark internally, where there is irritability about the mouth of the bladder. I have

learned to regard it as a specific. In chronic cystitis I have derived great benefit from it, and in leucorrhea it relieves when many other remedies fail. It is a valuable remedy, and I have had marked success with it.

ACCURATE ADMINISTRATION OF LITHIA. Wm. R. Warner & Co.'s original Lithia Water Tablets (3 and 5 grains) admit of an accurate dosage of Lithia not to be obtained in any natural Lithia Water.

These tablets are securely packed so as to maintain their permanency, in consequence of which, when a Lithia Water Tablet is placed in a glass of water it quickly dissolves, effervescing in so lively a manner as to excite the interest of the patient to such a degree, that the unpleasant thought that he is about to take a medicine, does not arise. Now that Lithia has become a valuable remedy for Rheumatism, Lithemia, Gout, Gravel, Bright's Disease, etc., these tablets are without doubt the most convenient method to administer it, as enough Lithia Water Tablets may be carried in the pocket to make 2½ gallons Lithia Water of definite strength.

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Original Communications.

REPORT OF A CASE OF PHTHISIS TREATED WITH ASEPTOLIN.

BY J. M. HAYS, M. D., Greensboro, N. C.

There is so much humbuggery in this world of sin and sorrow, and particularly so in matters medical, that when an announcement is made of something new under the sun even if it be genuinely valuable the profession and public are somewhat chary, and properly so, of swallowing it down at a single gulp. When the information was given out a few years since that one of the world's foremost savant's had discovered a specific for consumption it almost staggered belief; but, coming as it did from the fountain head of science credence was soon given it throughout the world, and thousands, yea, millions of hearts were made glad at the prospect of life prolonged and loved ones made glad again. But alas! the discovery was like

"pleasures spread
You seize the flow'r, its bloom is shed;
Or like the snow-falls in the river,
A moment white—then melts forever;
Or like the *borealis* race,
That flit ere you can point their place;
Or like the rainbow's lovely form,
Evanishing amidst the storm."

Never was science given a blacker eye than when this brilliant bubble burst. We all remember the story of the boy who cried wolf when there was no wolf and whose dilemma when the wolf finally came was disregarded. In the depths of our disappointment we determined not to be fooled again and to go slow in accepting consumption cures, *et id genus omne*. Still there has

ever since been a very prevalent feeling that after all we were on the threshold of some great discovery which would do *in fact* what Koch's tuberculin made such brilliant promises to accomplish. It seems that the discovery for which the world has so long been on the *qui vive* has at last been made, and; I am proud to say, made by a modest American physician. The scientific world is so much engrossed at present in watching the wonderful revelations of the X-rays that the announcement of a new and specific treatment for consumption by Dr. Cyrus Edson, of New York, has by no means received the attention that it merits. That aseptolin, Edson, properly used does kill the tubercle bacilli in the system there seems to be no reason to doubt. The testimony of thousands of well trained physicians seems to prove that it accomplishes all and more than its distinguished inventor claims for it. The remedy has been tested in many of the large hospitals and in private practice with uniformly gratifying results. In one of the State prisons in New York there were several men serving life sentences, who, on account of having developed consumption were about to be pardoned by Governor Morton. Aseptolin was used by the prison physician and now, by the strange irony of fate, the convicts have received a new lease on life but lost their liberty.

My own experience, however, is what has made the strongest impression upon my mind. I selected as a test case a married lady October 30, who had been under my treatment for about six months. Her left lung was a mass of diseased tissue and contained several large pus cavities.

Tubercle bacilli were very abundant. Chronic pleurisy was very marked. Right lung moist and gave bronchial rales throughout, but no consolidation. I began treatment by the usual cod liver oil and creosote regimen, but only to see my patient grow steadily worse. When I began the aseptolin treatment three weeks ago she had been confined to her bed steadily for more than a month. Cough incessant except when checked by codeine; hemorrhages frequent; anorexia absolute; temperature never fell below 100° and often reached 102° in the evenings; great pain in side, and often in limbs; insomnia; and enormous quantities of pus expectorated each day. I had told the husband that his wife was scheduled to die during this spring, and but for aseptolin I am sure I should have been right. However, just three weeks ago I began its use, injecting 50 minims the first day hypodermically and increasing 15 minims daily until 250 minims were reached. In addition a carbolic vapor consisting of carbolic acid three parts, glycerine 10 parts and water 87 parts was used thrice daily by means of a globe nebulizer; and the following was used also thrice daily by means of an ordinary bulb atomizer; iodoform 10 parts to ether 90 parts, made fresh each time. The Cass spray condenser and tubes are the best for this purpose, but are practicable only for office use. A week ago I discontinued the aseptolin, but continued all

other treatment, including cod liver oil and creosote as formerly. To-day my patient met me at the door with a steady step and smiling face. For several days she has sat up all day, sleeps well at night, feels absolutely no pain, eats more than any other member of the family consisting of several healthy adults, raises but little sputum and that early in the morning, and had a normal temperature. Upon physical examination the pus cavities are almost entirely dry and the pleuritic friction sounds are the ones principally noted. Right lung perfectly healthy. No hemorrhage since Edson treatment was begun. In all of the many cases of phthisis that I have treated I have never seen such a decided improvement in so short a while. I now have reasonable hopes of seeing this patient a well woman. And I believe further that any consumptive patient taken in due time—that is before the necrosis of tissue has destroyed a considerable portion of lung—may be surely and speedily restored to vigorous health. It seems to me that no practitioner who knows of the wonderful results of the Edson treatment can do his duty to his consumptive cases without using it. I sincerely trust that this rambling and hastily written article may be the cause of saving of life by this means. Let us be as accurate as possible in diagnosis, painstaking in treatment, and report our results. The Edson treatment has come to stay, and I for one feel that our New York confrere has reared for himself a monument more lasting than brass, and that generations unborn will rise up and call him blessed.

MALARIAL HEMATURIA.

By J. W. P. SMITHWICK, M.D., Aurora, N. C.

This is one form of a disease that causes as much anxiety on the part of the laity and perplexity on part of the profession, when encountered, as any I know of. Only a few years ago physicians would admit that they knew nothing about its treatment since they had no views upon the subject. But, now, since the light of modern pathological investigation has been shed upon it, we are able to treat it with some degree of success.

In malarial districts one should always be prepared to encounter such an emergency with a cool and collected mind and with all the remedies at one's fingers' ends, so to speak; and even then, you are often at your wits end, and to your chagrin and mortification, oftentimes, see your patient quietly pass into a sleep that is eternal.

In Eastern Carolina malarial hematuria, hemorrhagic fever, congestive chill, as it is variously known, is more or less encountered by the various

practitioners, principally during the fall season of the year. In this section, however, some localities seem more exempt than others, while some seem especially prone to it. The regions where it is most prevalent are those situated where the salt water of the sounds from the ocean intermingle with the fresh water of the rivers or where the water is known as "brackish." This may not exert any influence, but it is a peculiar fact.

This trouble seems to affect in most instances, those who have suffered from repeated attacks of remittent or intermittent fevers, or those whose systems have become thoroughly impregnated with the peculiar poison till it has assumed the chronic form. Malarial poison *per se* does not tend to produce the characteristic hemorrhages, but the repeated attacks of the acute form, or the continued effects of the chronic form, seem to establish a hemorrhagic diathesis by the continued action of the poison upon the tissues of the body producing a general textural weakening. It creates a peculiar anemia and cohexia, and this, of course, tends to cause weakening in the walls of the blood vessels, as it also creates changes in the blood itself. The red blood corpuscles are decidedly decreased in number, and many undergo disintegration, while blood cells increase. Thus we see the consistency of the blood is much altered, and all these alterations with the weakening of the walls of the blood vessels, very materially favor the hemorrhages peculiar to these attacks. The spleen and liver are more or less congested, enlarged, and indurated. The function of the liver is always impaired, and in some cases may be entirely suspended, thereby causing death from pernicious congestion. Jaundice is present to a greater or less degree, and the skin quickly takes on a deep yellow hue that may become so intense as to have almost a bronze appearance. The conjunctivæ are also disordered. The function of the kidneys is to a great extent impaired, but this impairment seems to be due to a functional disturbance at first, though it may become organic later on and the patient die of uremia caused by entire suppression. The urine is of a dark port wine color due to the hemaglobin from the disintegrated red blood corpuscles. Albumen is not usually present, but later on, if one paroxysm succeeds another, testing will demonstrate its presence. The serum of the blood is of the same port wine color, as is shown when a blister is applied.

Death may be caused by uremia. Congestion may be of a general capillary variety, or it may select as special objects of attack the stomach, liver, spleen, kidneys, bowels, etc. Death from heart failure may be the result of uremia, or it may be from general nervous prostration and inanition some days after the urine has returned to normal. Death from uremia is invariably due to suppression, and rarely occurs unless one paroxysm is succeeded by another.

Now as to treatment, which may be conveniently divided into three classes; specific, symptomatic, and local.

The indications seem to demand cinchonism as rapidly as possible and to secure this end, quinine should be given in large doses, preferably the bisulphate or the muriate and urea hypodermically. Hyposulphite of soda should also be administered, and immediately repeated if vomited. The quinine acts specifically on the acute malarial germs while the hyposulphite of soda acts on the chronic germs.

In regard to symptomatic treatment, large, fresh, cool draughts of water should be given. This is beneficial in many ways, by producing emesis, diuresis, and diaphoresis. If capillary congestion be great and demand it atropine or belladonna should be given. Alcoholic stimulants are indicated whenever the pulse is too rapid and weak. A good calomel purge should be given if the patient's condition will warrant it, but under no consideration give it unless you are sure your patient's strength will admit of it.

Counter irritation is always indicated, and a fly blister should be put over the liver and spleen. Mustard foot baths, and mustard plasters to the extremities are often beneficial.

The after treatment consists of tonics, stimulants, nutritious diet till temperature and pulse are normal. On the seventh day there is a tendency to the return of the attack and large doses of quinine should be administered.

With this treatment begun in time one should not lose many patients. Of course, all the remedies are to be used with care, consideration, and judgment.

Selected Papers.

SHOULD THE APPENDIX BE REMOVED IN EVERY CASE OF APPENDICULAR ABSCESS?

BY J. WILLIAM WHITE, M.D.

Our clinical knowledge of appendicitis in both its medical and its surgical relations has increased vastly in the last few years, but even now no subject so prominently before the surgical world is more replete with interesting and important points admitting of legitimate differences of opinion and requiring further investigation and experience for final settlement. The true mortality of early and prompt operation in all cases in which appendicitis is present (as distinguished from cases in which it is only diagnosticated); the true mortality of the operation of removing the chronically-diseased appendix between acute attacks (as distinguished from the mortality of removal of the normal appendix); the actual percentage of ventral hernias, peritoneal bands,

and other annoying sequelæ; the existence or non-existence of "catarrhal" appendicitis and of "stercoral typhlitis;" the alleged essentially infective character of all cases of appendix inflammation; the proportion of second attacks after one mild one, and the proportion of those which may be avoided by dietetics; the value of the appendix bacteriology so often relied on to demonstrate the abnormality of appendices removed by operation; endless minor differences as to the site and character of the wound, the treatment of the stump of the appendix, and other details of technique, etc.; all these are not only problems awaiting solution, but questions many of which obviously have two sides each worthy of respectful consideration. In regard to some of them it may be said that to the surgical mind having the very least judicial quality a final conclusion satisfying in every respect is to-day logically impossible.

But there are other points as to which I have thought that surgeons who combined experience with good judgment were equally well agreed. I believe, for example, that few, if any, would dissent from the following rules: Immediate operation is indicated whenever the onset of a case of appendicitis is marked by both suddenness and severity; whenever, during even a mild attack, the symptoms at the end of forty-eight hours are unrelieved or are growing worse; whenever in cases seen later a firm, slowly-forming, well-defined mass is to be felt in the right iliac fossa; whenever at any time a sudden increase in the acuteness of the pain and a rapid diffusion of tenderness occur; whenever there is good reason for believing the appendix infection to be tubercular in character; whenever attacks of any type have been numerous, or are increasing in either number or gravity, or have unfitted the patient for work or activity, or have caused local symptoms which are permanent and persistent, or have at any time put the patient's life in great danger.

These indications for operation are, I believe, practically undisputed. The list would certainly be added to by some surgeons. I have tried to make it exhaustive, but merely desire to illustrate my expressed opinion that upon many exceedingly important points the practitioners and the teachers of surgery, the men to whom the profession has a right to look for calm, unprejudiced, and unselfish guidance on surgical questions, are of one mind.

Other questions there are as to which the same assertion does not apply, and one of these has always been a source of grave anxiety to me, and, I know, to many of the best operators in this country. A short time ago I summarized my own view in regard to it by saying "that it must be determined by future experience whether cases seen from the third to the sixth day, which present indications of the beginning circumscription of the disease by adhesions, and which tend to the formation of localized abscesses, will do better with immediate operation with the risk of infecting the general

peritoneal cavity, or with later operation when the circumscribing wall is stronger and less likely to be broken through." This is the time which Richardson has described as "too late for the early operation and too early for a safe late operation;" and he has emphasized this opinion by adding that "there is no more difficult operation in surgery than that of removing an appendix at this stage without infecting the general peritoneal cavity."

The very fact that this problem has received the most careful and anxious consideration on the part of many able men presupposes that there must be *some* cases in which it is wise to respect surgically the barrier against infection set up by inflammatory adhesions, and, if this be true, that in a certain proportion of them, the appendix forming an integral part of that barrier, it is also wise to allow it to remain undisturbed. My view in regard to this important point was, I thought, identical with that of every surgeon competent by training and experience to pass upon it, and was recently formulated as follows: "If there is a circumscribed abscess, it is poor surgery to insist in every case and at every period upon finding and taking away the appendix in the face of all obstacles. In many cases of circumscribed abscess, and especially in those in which the appendix is bound down by adhesions in the depth of the wound, the surgeon should be content with evacuation, irrigation, drainage, and packing with iodoform gauze. Persistent search for the appendix and attempts at its removal in these cases are attended with such danger of opening the peritoneal cavity that they are not to be recommended." My belief was, and is, that large numbers of cases demonstrate the truth of this proposition, that increasing experience shows to each operator that there are a not inconsiderable number of cases in which it is absolutely necessary to apply it; and that it should be placed among the facts regarding appendicitis which can be safely accepted by the profession. I have found, however, that it is not fully understood by our medical colleagues, and is apparently controverted by some surgeons, as I have seen in a recent article statements which are diametrically opposed to the view I have just set forth, and which I may cite as a good example of the teachings and practice to which I object. The writer says, "In operating upon pus cases in which the appendix is involved in the wall of the abscess cavity, I believe that it is possible and always advisable to make the operation a complete one, as in no other way is recovery assured. To leave an appendix which has sloughed off, or has a perforation in it, or which has been intensely inflamed by migration of micro-organisms through its walls, with the certainty of fecal fistula or subsequent attacks, I believe to be bad surgery. It is my practice to remove the appendix in all cases. Certain it is that by the proper disposition of gauze and careful attention to technique, an appendix which is deeply embedded in a wall of lymph, whether it makes a portion of the abscess cavity or not, can be removed, and the dangers which attend its removal are far less than

those which occur when it is allowed to remain. A practice which I believe is a frequent one is simply to evacuate the collection, there being no attempt made to remove the appendix if it be not plainly visible. This I consider, with all due deference to the surgeons who practise it, incomplete surgery."

It was apparent that if this were true both my practice and my teaching had been at fault, and it led me to a serious consideration of the matter, with the result, however, of increasing my confidence in both the theoretical and the practical soundness of my original opinion. In the first place, the assumption that to leave an appendix which has sloughed or become perforated or has been the subject of infectious inflammation means the "certainty" of fecal fistula or of subsequent attacks of appendicitis was positively contradicted by my own experience and by that of the profession.

To speak first of the former: I have now operated and left the appendix in thirty-seven cases of circumscribed abscess. Every one of those patients is alive to-day. In two of them a small fecal fistula formed and closed spontaneously and permanently. In only three of them have I had to operate a second time, and in two of these the appendix was then removed with the times close such an opening with more speed and security than are provided by any system of suturing. As the surgeon, therefore, reaches what appears to be the starting-point of the peritonitis, he must proceed with the utmost caution, and be not only prepared but rather inclined to leave the actual *fons et origo mali* undemonstrated. The main purpose of the operation is to allow a noxious exudation to escape, and, if possible, to free the peritoneum of the cause of its trouble. In the class of cases now under discussion, a perforation will be very often the starting-point of the peritonitis; the lapse of time and the plastic character of the inflammation afford evidence that the perforation is for the time being closed. If the operator can rid the serous cavity of the effects of the perforation, he may very often leave the breach itself to be dealt with by natural means."

Of seventeen cases in which Fowler did not remove the appendix, and which recovered, there was recurrence in only two within the next two years. The remainder had gone for variable periods, three of them for between three and four years, without any symptoms.

Richardson, in reporting one hundred and eighty one cases, says, "If for no other reason, the low mortality in cases of circumscribed abscess, and the perfectly satisfactory permanent results that have followed simple incision greatest ease. In the third, still under treatment, it had become obliterated. That experience alone was therefore sufficient to convince me of the incorrectness of that portion of the statement in question. Nor did I believe that a deeply embedded appendix, "whether it makes a portion of the abscess cavity or not" (I suppose abscess wall was meant), can be removed "in all cases" with less danger than ensues from allowing it to remain. The fact

that I had had no mortality in a reasonably large number of cases treated in this manner would of itself justify one in doubting the truth of this sweeping assertion. But as to both of these points ample contradiction was to be found in current surgical literature.

Treves, one of the earliest and boldest of the operators upon the appendix, says, "The wisdom of doing no more than is necessary, or as little as is obvious, is well illustrated in these cases. A clump of adherent intestines will often cover and protect a perforation, and the ubiquitous lymph will many and drainage, are sufficient grounds for limiting our operation to the cavity itself," and adds, "I think all will agree with me that cases of abscess should be opened and drained. Most surgeons believe that in cases of localized peritonitis no attempt should be made to separate the adhesions for the simple purpose of removing the appendix. I have no doubt whatever, from my own experience and from what I have seen of the work of my colleagues, that it is extremely dangerous to break down the barriers between an appendicular abscess and the rest of peritoneal cavity. It is impossible in many instances, even with the greatest care, to avoid infecting the general peritoneal cavity." Of forty cases reported in his table in which the appendix was not removed, recovery took place in every instance, and he says that all fecal fistulæ ultimately healed, and that there was subsequent trouble in only two instances.

To satisfy myself, however, that my own beliefs were to-day in general accord with those of the men who have been the recognized leaders in this branch of surgery in this country, I asked for an expression of opinion upon the subject from my friends Drs. McBurney and Bull, of New York, Senn, of Chicago, Halsted, of Baltimore, and (to be certain that with increased experience his opinion had not changed) Richardson, of Boston.

Dr. McBurney said, "The question which you put to me in regard to the propriety of insisting on the removal of the appendix in all abscess cases is one which I am glad to answer, for in some instances the question is a grave one. I have on numerous occasions, both public and private, expressed my views on this point. There are certainly some cases, not few in number, in which the appendix is so deeply embedded in the wall of the abscess, or so difficult to define at all, that to insist upon its discovery and complete removal would be to incur quite unjustifiable risk. One would wish always to be assured when the operation is over that the appendix had been completely removed and its proximal end properly secured. The accomplishment of this desirable result may, however, in some cases be accompanied by such great prolongation of the operation under unfavorable conditions, and by such great danger of seriously infecting fresh peritoneal surface, that one had better be content with properly evacuating, cleansing, and packing the cavity, leaving the appendix or its remnant to be disposed of by its obliteration in the wound-

healing, or by its removal at a later and more favorable time through a second operation.

"It should not be forgotten that the appendix is not infrequently entirely destroyed by the suppurating process before operation has been done at all. If, in such cases, indefinitely prolonged search were to be made for the appendix, a fatal result would be inevitable, and even the post-mortem examination would fail to reveal its presence. In every case of abscess arising in disease of the appendix, a reasonable effort should be made to find and remove the primary cause. What effort is reasonable and what unreasonable must be determined by the operating surgeon, who would, of course, take into consideration the condition of his patient, the general character of the abscess cavity and surroundings, and the length of time that would probably be required to accomplish his object. Secondary operations for the removal of an appendix which has been left behind, for good reasons, at the primary operation, are not especially difficult, and are quite uniformly successful."

Dr. Bull said, "I think you raise a point of great interest, and believe your criticism proper. I do not agree with the statement that it is 'always advisable to make the operation a complete one' in the class of cases referred to. It has been my practice to carefully evacuate and cleanse by dry sponging with sterilized or iodoform gauze the pus cavity, then to disinfect its walls with a bichloride solution 1:5000, and then to search for and remove the appendix in case it be readily found and easily separated from the adhesions. In general I have found this feasible in cases operated on up to the seventh or tenth day. In cases operated on at a later date, or those where the abscess is distinctly circumscribed with firm walls and containing several ounces of pus, I have not attempted to remove the appendix. In many of those last mentioned it is found as a slough of the mucous membrane and in the pus. Nature has cast it off, and there is no certainty of fecal fistulæ, nor subsequent attack.

"The plan of always looking for the appendix is fraught with the risk of infecting the healthy peritoneum beyond the barrier of adhesions,—an immediate danger; the plan of leaving it under the circumstances mentioned exposes only a small proportion of patients to risk of subsequent attack or fistula, both remote dangers, which can be met by secondary operations. I believe your view is correct and your practice judicious."

Dr. Senn said, "It has been my habit for years in cases of acute appendicitis with extensive suppuration to simply incise, disinfect, and drain the abscess, unless the diseased appendix could be removed without any additional risk. I have seen a number of such cases recover permanently without any additional surgical interference. I regard persistent search for the appendix in such cases hazardous, as it often results in opening of the free peritoneal cavity and fatal septic peritonitis."

Dr. Halsted said, "You ask me if I remove the appendix in every case of appendicitis. I do not. If there is only one abscess and it can be evacuated without entering the uninvolved part of the peritoneal cavity, I almost invariably treat it simply by incision and drainage. What to do in future the answer which I receive to the following questions will assist me to determine.

"(1) How often are these circumscribed abscesses which have been incised or have spontaneously evacuated themselves followed by recurrent attacks? (2) How often are recurrences in this special class of cases fatal? The chief danger in searching for the appendix in the cases under consideration is, of course, peritonitis. But it has already been demonstrated literally thousands of times in operations for appendicitis that peritonitis is not likely to follow the inoculation of the peritoneum which invariably occurs in these operations. I, for example, have never had peritonitis supervene upon an operation for appendicitis, and I am sure that I inoculated the peritoneum in every instance. But I believe, as I have said already, that we must know more about the ultimate results and ultimate conditions in these cases before we can be sure that it is not usually or always better to at least wait until the abscess cavity has healed entirely or contracted to a fine fistula than to remove the appendix when it forms part of the wall of a large circumscribed abscess and when its removal necessitates an otherwise probably unnecessary opening and inoculation of the peritoneal cavity. The delayed operation is equivalent to an operation between attacks which surgeons contemplate with little or no apprehension. Another reason for postponing the removal of the appendix, if indeed the appendix must be removed, in these cases is the danger from adhesions which extensive packing causes. There is ordinarily no necessity for packing in the operation performed in the interval. But the packing should be unusually extensive when the appendix is removed from the wall of a large abscess. On the other hand, the removal of the appendix or its remains is surely not attended with more danger (probably with less danger) of peritonitis in the circumscribed abscesses in which nature has the infection under control than in the ordinary acute case. In the ordinary case, however, it is surely safer to remove the appendix than to leave it, but in the cases under consideration the indications for its removal at the primary operation are not clear."

Dr. Richardson said, "I support your position strongly. I believe that a man is a great deal better off living, with an appendix at the bottom of an obliterated abscess cavity, than dead, with a beautiful specimen in a bottle on the surgeon's table. I have no doubt whatever that many cases which under conservative methods would recover are converted into cases of fatal general peritonitis by removing the appendix when it forms part of the wall of an abscess cavity. We are very apt to think in such cases that the peritonitis pre-existed, preceded the operation. I do not believe that this is the

case; I am fully convinced that many cases that are reported as cases of hopeless general infection are made hopeless and general by the rash methods frequently advocated to-day. Not that I would refrain from removing the appendix, once the peritoneal cavity was opened. I think that the harm is then done, and I always then take the appendix out. In a localized abscess, especially if it has been going on a week or two, and the walls are firm, separation of adhesions, in my judgment and experience, is inadvisable,—more than inadvisable,—it is entirely unjustifiable.

"I am working up an article to be called 'Further Observations on Appendicitis.' One of the elements in this article is to be the subsequent history of those cases of localized abscess operated upon by simple drainage. I have been doing these operations for six years perhaps,—in large numbers for the last four years. Perhaps sufficient time has not elapsed to enable me to determine the possibilities of recurrence. The number of cases that have not been thus far permanently and completely cured by simple evacuation of an appendicular abscess is extremely small, and I believe that we shall find that certain cases only are liable to recurrence,—those principally, for instance, in which the original perforation is somewhere in the middle of the appendix, or at its tip, and there remains between the perforation and the attachment to the cecum a considerable interval of vulnerable tissue."

In a second letter from Dr. Richardson, he says, further, "I agree perfectly with you in the statement of your position, —viz., 'In many cases of circumscribed abscess, and especially in those in which the appendix is bound down by adhesions in the depth of the wound, the surgeon should be content with evacuation, irrigation, drainage, and package with iodoform gauze. Persistent search for the appendix and attempts at its removal in these cases are attended with such danger of opening the peritoneal cavity that they are not to be recommended.' The principal reasons upon which I base my opinion as to the best mode of treatment in localized peritonitis from affections of the appendix is the great danger of infecting the peritoneal cavity in spite of the greatest precautions and the most admirable technique. Many cases of localized inflammation are undoubtedly converted into cases of general and fatal infection by the necessary separation of adhesions in removing the appendix. I have no doubt whatever that this is a fact. In a very large number of cases I can recall but two or three in which simple evacuation and drainage, without removal of the appendix, have not been followed by a cure thus far permanent.

"The ideal method of treating these cases is to tide the patient over the existing emergency by simple drainage, and, after permanent recovery has taken place, to remove the appendix. At the same time, the scar, which in cases of drainage always threatens a ventral hernia, should be excised, and the wound tightly closed. Such a secondary operation is always advisable

in ventral hernias; it is imperative if the slightest evidence of recurring trouble exists.

"I cannot understand the position of those who are willing to expose patients to the dangers of general infection—as they must of necessity expose them—in breaking down the barriers of a localized peritonitis."

It seems to me that it would be useless to submit further evidence. The foregoing is in accord with both clinical experience and surgical principles. Every medical man knows of the inflammatory obliteration of mucous channels; of the retrograde metamorphosis and disappearance of infected sloughs or of their fibroid transformation into cicatricial tissue; of the shutting in of abscess cavities with infected walls and of the coincident death of the bacteria therein as the supply of pabulum is cut off; of the spontaneous healing of fecal fistulæ. On the other hand, most surgeons of to-day have knowledge of cases in which patients with almost purely local symptoms, in excellent general condition, and with distinctly circumscribed abscess, have died of general peritonitis within forty-eight hours after the removal of a deeply-embedded and adherent appendix.

It must be remembered that comparison is not to be made between such removal and purely medical or non-operative treatment.

The comparison I desire to draw is between the routine method of insisting upon finding and taking out the appendix "in all cases," and the really surgical plan of sacrificing non-essentials, in an operation, to avoid dangers threatening life; of profiting by the accumulated experience of one's co-workers; and of aiming first at the recovery of the patient and only secondarily at the performance of a theoretically "complete" operation.

If the profession at large will weigh the evidence before it as to this important point in surgical practice there can be no doubt as to the decision which will be reached. Probably no one of us who, in his own person, had any of the above-mentioned indications for operation would refuse it; it is certain that in such event he would prefer to have the appendix removed if it were possible to do so without adding to the risks of the case. These points are not under discussion. The question which every practitioner and especially every operator ought to ask himself is whether it is for the best interests of his patients that he should acquiesce in or to try to live up to a rule which, in the face of the foregoing evidence as to the resulting increase in mortality, asserts the possibility and the propriety of removing the appendix *in all cases* of appendicitis.—*University Medical Magazine*.

THE INDICATIONS AND MODES OF DRAINAGE AFTER ABDOMINAL AND VAGINAL SECTION.

BY NICHOLAS SENN, M.D., Chicago.

So many names of distinguished gynecologists appear on the programme to participate in this discussion that I have deemed it wise to curtail my remarks as much as possible, and, instead of going over the enormous literature on the subject, I will give you the simple rules in reference to drainage which I follow in performing abdominal operations.

Drainage of the abdominal cavity is an expression of the present imperfect state of surgery. It is often an unavoidable evil. It should be limited to appropriate cases, and it is therefore well that the indications for it should be laid down clearly, so that we may have eventually some definite rules that will guide the surgeon in his abdominal work. There are now no fixed rules. Some surgeons avoid drainage wherever possible; others drain as a rule. If I were permitted to pass my judgment on this question as a whole, I would say that the surgeon who has the ambition to operate quickly, to make an impression on the bystanders, should drain frequently; while, on the other hand, the surgeon who proceeds with his work carefully, step by step, with plans well laid out, with his practical knowledge resting on a firm pathological basis, will only drain in exceptional cases. After opening the abdomen the surgeon frequently has to deal with affections that absolutely call for drainage. There is no other course to pursue. He meets with pathological conditions that can not be successfully removed; he meets with cavities the walls of which it is impossible to extirpate, and consequently he proceeds to establish an abdominal fistula, a great consolation to the operator, because it enables him to do something, so that probably during the course of time Nature will come to his rescue, taking advantage of the temporary drainage, and eventually closing the cavity where drainage was established. One of these conditions is met with in a distended or diseased gall bladder. It is my firm conviction that the best success obtained in cases of disease of the gall bladder requiring opening of the organ, in the absence of a permanent occlusion of the common duct, is the establishment of an external fistula. This operation shows the greatest success, is attended by the least danger—in fact, it is almost devoid of danger, if the surgeon is careful to prevent infection of the peritoneal cavity during operation.

The next condition—one that is not so frequently met with (but there are now some forty or sixty cases on record)—is cyst of the pancreas. A few bold surgeons have made the attempt, and in a few isolated cases have succeeded in extirpating pancreatic cysts with a mortality of more than fifty per cent. Statistics show that the formation of a fistula usually results in a

permanent cure in the course of a few weeks, and that a permanent fistula is the exception.

Very often the surgeon makes a mistake in diagnosis, opens the abdomen for a supposed ovarian cyst or an ovarian tumor of some kind, and is astonished, when he has exposed the abdominal organs, to find a retroperitoneal cyst, a hydronephrotic kidney. Many surgeons under such circumstances have resorted to the formation of an abdominal fistula, thus draining the distended pelvis of the kidney—a very unwise procedure, because a lumbar fistula will accomplish the same object, the formation of which is attended by less danger, and eventually, if it should become necessary, a nephrectomy is attended by a great deal of difficulty if previously the organ has been attached to the abdominal wall. So that I should lay down the rule that in hydronephrosis, whether diagnosticated before or during the operation, the surgeon should make a lumbar nephrotomy.

Then comes that large class of pelvic abscesses without removable walls; abscesses which have had their origin in the pelvic connective tissue, perimetritic abscesses, abscesses originating within the Fallopian tubes, and abscesses within or around the ovary, but in which the careful surgeon will make the most scrutinizing examination before he attempts the work of enucleation. If he finds enucleation impossible it would have been vastly better if he had dealt in a more conservative manner with his patient, and had resorted to abdominal drainage as taught us by Mr. Tait.

In cases of removable affections the surgeon is often forced to drain for two distinct pathological conditions: First, the direct result of the operation—a bleeding, oozing surface; cases in which it is either impossible to secure the vessels by ligating them, or in which too much time would be consumed in arresting hæmorrhage. We have learned here the value of the Mikulicz drain. I must, however, take issue with Mikulicz and his immediate followers in the technique of applying his drain. He speaks of an iodoform-gauze drain, and any surgeon who has had considerable experience in abdominal surgery can testify to the fact that where the Mikulicz drain is called for we are frequently dealing with large cavities requiring an enormous amount of gauze to fulfill the urgent indication—to arrest parenchymatous oozing. It is in such cases that I have learned to fear iodoform gauze, because the cases are by no means isolated in which a gauze drain composed exclusively of iodoform gauze became the immediate cause of death from iodoform intoxication. This is particularly liable to occur in cases in which the patients' kidneys are not functioning properly or are diseased. It is in such cases that the elimination of the iodoform is accomplished with great difficulty, and hence when accumulation occurs death follows from intoxication. Again, there are cases that are extremely susceptible to iodoform. The smallest amount of this substance may prove fatal from intoxi-

cation. I should therefore, in using the Mikulicz drain as a hæmostatic measure, limit the iodoform gauze to an outer layer or two and pack the interior with ordinary sterilized gauze. This advice I am sure you will all appreciate.

There are likewise abdominal operations during which serious complications arise that may constitute a special indication for drainage. I will only allude to cases of pelvic tumors, of pyosalpinx, of extra-uterine pregnancy, complicated by plastic peritonitis, in which sometimes the anterior rectal wall is torn deep down in the pelvis, not accessible to direct measures, and it is extremely difficult, if not impossible, to close the wound efficiently by suturing. It is in such cases that I protect the abdominal cavity as far as possible by interposing between the wound and abdominal contents a few layers of gauze, then establish tubular drainage in direct connection with the visceral wound. I think that almost every conscientious surgeon will agree with me when I make the statement that in all operations for intraperitoneal suppuration, irrespective of the location of the abscess or the extravasated pus, drainage should be invariably practiced.

Again, in pelvic surgery, where an operation is performed *per vaginam*, the same rules will apply, and it is here that I wish to call particular attention to the intelligent and efficient use of the Mikulicz drain as a hæmostatic agent. I have personal knowledge of three cases of vaginal hysterectomy which resulted fatally, the patients having succumbed to the immediate effects of hæmorrhage. In these cases clamps were used, and the clamp either slipped or some important vessels were not included in the branches of the clamp. It is in doubtful cases that the surgeon should make use of the Mikulicz drain as additional security against hæmorrhage after the operation. It is again in pelvic surgery requiring vaginal drainage for abscess that I invariably rely upon the tubular drain. I am sure I will come in conflict with the opinions and teachings of a number of the members present when I take a positive stand in reference to the opening and draining of pelvic abscesses, in which during recent years a number of prominent surgeons, without any hesitation, without any compunction of conscience, added to the necessary incision and tubular drainage the extirpation of perhaps an intact normal uterus, thus combining scientific with mutilating surgery. I think the rule will hold good here as elsewhere that surgeons now as well as in the future must learn that all-important rule—that it is bad surgery to unnecessarily remove an intact healthy organ for the purpose, perhaps, of facilitating drainage that by other methods could have been accomplished equally well. It is in such cases of pelvic abscess of perimetritic origin that careful exploration through the vagina, locating the pus, making, what we have practised for years, an incision resembling a partial separation of the uterus from the surrounding pelvic tissue, an old operation but with new applications. What is the use in the

case of single, perhaps large pelvic abscess, unilateral, of adding extirpation of the uterus to the opening up and draining of such an abscess? There are, however, several dangers incident to opening a pelvic abscess through the vaginal roof that we shall learn to appreciate as our experience enlarges, and I believe it is the duty of every member of this Society to be honest in making his reports, to make free confession of his shortcomings, of his mistakes, of his misfortunes, because it is only in that way that we make actual progress. It has happened to me twice, gentlemen, in opening a pelvic abscess through the vaginal roof, to have also opened the bladder—only a temporary evil, it is true, because permanent drainage of the bladder with Sims' catheter succeeded in the course of a few weeks in closing the communication between the bladder and the adjacent abscess, but, after all, a very unpleasant complication for the time being. That I was perhaps not entirely to blame for making such a mistake, you will all understand that in pelvic abscesses the mutual relations between the organs often become so seriously changed by antecedent plastic adhesions that the bladder may become displaced to one side or the other in such a way that it is almost impossible by the best method of operation, based upon anatomical knowledge, to avoid making such mistakes. But I do think that in the future I shall be a little more careful. If I have any suspicion whatever of the bladder being in a malposition, I shall locate it accurately by distending it, as a preliminary measure to exploration of the pelvic abscess with the knife point of a Paquelin cautery. I have operated upon numerous cases of pelvic abscess by a single point of incision and drainage, and have accurate statements from patients months and years after the operation in reference to the permanency of the good results.

A few words in reference to the technique. From a practical standpoint we must divide the technique of drainage, whether *per vaginam* or through the abdominal wall, into three distinct classes—namely, tubular, capillary, and combined drainage. In cases of drainage made for arresting hæmorrhage, as a matter of course we rely upon the gauze tampon. In cases where we expect no serious hæmorrhage, but rather copious serous effusion (the product of the primary wound secretion), I invariably combine tubular with capillary drainage—that is, I take one of Keith's tubular glass drains, pack it lightly with one strip of iodoform gauze, which is an enormous advantage over the older methods of tubular drainage, by removing the fluid from the drain by means of a syringe. In such cases the tube keeps the wound canal wide open, and the gauze drain is sufficient to lead the bloody serum into the hygroscopic dressing. It therefore greatly diminishes the danger from post-operation infection. Drainage by the use of aseptic wicking is only a modification of the ordinary gauze capillary drain. To recapitulate, when I drain for pus, whether through the abdominal or pelvic incision, I invariably resort to tubular drainage, and for the removal of serum combined drainage; while capillary drainage by means of a tampon is reserved for cases in which it becomes necessary to arrest hæmorrhage by this method.—*The American Gynecological and Obstetrical Journal*.

NORTH CAROLINA MEDICAL JOURNAL.

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Editorial.

Another New Cure for Consumption and Malaria.

Hope is the anchor of the soul. It is the support and stay of him who is sick and in trouble. Hope lost, the sinning soul drifts away to destruction, he who is sick ceases to strive and gives himself up, a surer prey to his malady. Hope makes him expect relief from things which his reason would tell him possess no virtue; as the drowning man grasps the empty bubbles that his own vain struggling cause to rise about him, so the sick man flies to every suggestion that is presented to him. Quacks and charlatans knowing this, are constantly claiming the discovery of some new means of overcoming those diseases which medical science has not yet found the means of successfully combating.

The fact that the laity give credence to the claims of wonderful cures put forward by these fellows, has had its effect in stimulating scientific men in their efforts to conquer these dread destroyers of human life. Their efforts have resulted in incalculable good. The causes of many obscure diseases have been discovered, and this in itself is a long step towards the solution of the question of successful treatment. The methods of treatment and the remedies that have resulted from these discoveries have not in all cases, proven satisfactory, but there would be no field for the operations of future generations, were all the grain to be garnered by this. When he, who discovered the cause of consumption, declared to the world that he had found the remedy that would cure it, there is no wonder that the world went wild with joy. That

hope which springs eternal in the human breast was at last to be rewarded. But alas! these hopes were to be cast down and shattered, for it was soon apparent that the use of tuberculin did more harm than good, and that the disease which was localized was, in many cases, scattered by it throughout the whole system. The last announcement of a cure for consumption, has shown that the hope which received so bitter a disappointment from tuberculin was not killed thereby, for by one puff of the press it has been fanned into vigorous life again.

All will hope that this new remedy will accomplish all that is claimed for it, for there are none, probably, but who are deeply interested in the recovery of some poor victim of this disease, so wide-spread is it. But we are too apt to let others do our thinking for us. We should not accept the assertions of any man, it matters not how great an authority he may be, as though his dictum were law.

This latest treatment is from Dr. Cyrus Edson, (*Medical Record*). Basing his opinion on the assertions of Merck, that the urine in health contains a trace of phenol, and that the phenol is enormously increased during disease, he believed that nature selected phenol as a cure for some, at least, of the so-called germ diseases, and concluded that "If nature herself provides phenol during disease, then it cannot be possible she will not tolerate the administration of the agent in effective dosage." He believed that the toxic symptoms following the administration of phenol was due to the form in which it was adminis-

tered, and set about finding the form which Nature would tolerate. The composition of the fluid to which the name "Aseptolin" has been given is as follows:

Water, 97.2411 per cent. ;
Phenol, 2.7401 per cent. ;
Pilocarpine-phenyl hydroxide
0.0188 per cent.

The composition of pilocarpine-phenyl-hydroxide, deduced by calculation, is as follows:

Pilocarpine, 53.92 per cent. ;
Phenol, 46.08 per cent.

"Pilocarpine was added to the solution for two reasons: (1) To induce leucocytosis; (2) to stimulate glandular activity. It also accomplishes a third purpose, for it is an expectorant and stimulant of secretion of very considerable power. * * * The solution is a colorless fluid, strongly refracting light, having the characteristic odor and taste of phenol. Injected under the skin, it causes a sharp, burning pain but not so severe as that following an injection of bichloride of mercury in solution. In the great majority of cases the injection is not followed by any irritation whatever. In a few, a small nodule appears at the point of injection, which, as a rule, disappears after a few days. No reaction, such as follows the injection of tuberculin, is observed after the injection of properly prepared pilocarpine-phenyl-hydroxide solution, nor is there any visible physiological action noted following an injection of 250 minims, given to a man weighing 150 pounds, except that the urine reacted strongly to tests made to ascertain the presence of phenol, and traces of phenol

were noticed in the condensed vapor of the breath, and in the contents of the stomach drawn off through the esophageal tube within three hours of injection." The dosage in a case of phthisis should begin with fifty to seventy minims daily, given in the abdominal parietes in one injection. This should be increased by ten minims daily until 100 or 125 minims is reached. The latter dose should be kept up until the patient has recovered, or until some symptoms appear which indicate to the attending physician the discontinuance of the remedy. With this is used an inhalation of iodoform in ether. The author, with true scientific spirit, has reserved no rights in the preparation or the name and any one has a right to make it and call it by any name he chooses. It requires, however, great nicety of manipulation in its successful preparation, still the author says any careful and intelligent chemist should be able to make it. He has reported several cases, not only of consumption, but also of malaria, which have been successfully treated with the preparation, and we publish in this issue, a report of a case by Dr. J. M. Hays, in which he claims most unexpected and gratifying results. Many other physicians are using the preparation with success and some of the

cases reported by Dr. Edson are from reports sent to him by others.

Under Dr. Edson's treatment patients have received as high as 350 minims without the production of toxic symptoms, which would seem to indicate the safety of such doses as are recommended. We hope that all readers of the JOURNAL who use the remedy will keep strict notes of their cases, including microscopic examination of the sputum, and after a reasonable time report the result through our columns, which will always be open to any communications which will serve to advance the cause of medical science. Too much dependence should not be placed upon the favorable results reported immediately after the introduction of the remedy, for all the consumption cures that have been advocated have been accompanied at first by as marked success as those reported for aseptolin. The psychical effect will have considerable influence in stimulating the patient, and may even cause him to have an increased appetite and gain in weight. With all the theories and the evidence which appear to favor the truth of the claims made for aseptolin, time must make the final decision, and we hope it may be favorable and that a cure for consumption has really been found.

Reviews and Book Notices.

A System of Surgery. By American Authors. Edited by Frederic S. Dennis, M.D., Professor of the Principles and Practice of Surgery, Bellevue Hospital Medical College, New York; President of the Ameri-

can Surgical Association, etc., assisted by John S. Billings, M.D., LL.D., D.C.L., Deputy Surgeon-General, U.S.A. To be completed in four imperial octavo volumes, containing about 900 pages each, with index.

ofusely illustrated with figures in colors and in black. Volume III, 908 pages, 207 engravings, and 10 colored plates. Price per volume: \$6.00 in cloth; \$7.00 in leather; \$8.50 in half Morocco, gilt back and top. For sale by subscription. Lea Brothers & Co., Philadelphia.

The third volume of this great system of surgery is devoted to the surgery of special parts and organs and to syphilis. The various sections are entrusted to men eminent in their profession and acknowledged authorities on the special subjects allotted to them. As in the preceding volumes the authors are all teachers or practitioners of this country, so that the work is distinctly American.

Dr. D. Bryson Delevan writes on the surgery of the larynx and trachea; Dr. Henry H. Mudd on surgery of the mouth and tongue; Dr. Charles B. Porter, salivary glands; Dr. Willard Parker, the neck; Dr. Frederick S. Dennis, surgical injuries and diseases of the chest; Dr. George E. DeSchweinitz, diseases of the eye; Dr. Gorham Bacon, the ear; Dr. L. McLane Tiffany, the jaws and teeth; Dr. Wm. A. Hardaway, the skin; Dr. J. William White, the genito-urinary system; Dr. Robert W. Taylor, syphilis.

As may be expected there is nothing really new in this volume, the object being to bring the various subjects up to date from the American standpoint; and this has been done. The text is concise and illustrated when necessary by useful cuts and plates.

The fourth and last volume of this

system will soon appear and will mark the completion of a work of vast magnitude and unrivalled importance as a practical exposition of the world's most advanced surgery at the close of the nineteenth century.

A Manual of Medical Jurisprudence and Toxicology. By Henry C. Chapman, M.D., Professor of Institutes of Medicine and Medical Jurisprudence Jefferson Medical College, Philadelphia, etc. etc. Second edition, revised. With fifty-five illustrations and three plates in colors. Cloth, octavo, 250 pages. Price, \$1.50 net. W. B. Saunders, Philadelphia. 1896.

This second edition of Dr. Chapman's work does not differ much from its predecessor except that foot-notes have been added, giving the bibliography bearing upon his statements. The work is based upon the author's experience as coroner's physician to the city of Philadelphia.

Syphilis in the Middle Ages and in Modern Times. By Dr. F. Buret, Paris, France. Translated from the French, with notes, by A. H. Ohmann-Dumesnil, M.D., Professor of Dermatology and Syphilology in the Marion Sims College of Medicine. Being volumes II and III of "Syphilis To-Day and Among the Ancients," complete in three volumes. 12mo, 300 pages. Extra Cloth. \$1.50 net. Philadelphia: The F. A. Davis Co.

The last two volumes of this historical study, bound under one cover complete a work which is an important contribution to medical literature. The author by indomitable energy has amassed an array of interesting evidence as to the early existence of syphilis which is irrefutable.

Abstracts.

THE PROGNOSIS IN GRAVES'S DISEASE.—Piibram (*Wiener klin. Rundschau*, has noticed a gradual subsidence of the cardinal symptoms in a large proportion of cases of Graves's diseases observed during a long time. In some cases exophthalmus, struma, tachycardia, tremor, and psychic alterations have disappeared, and notwithstanding severe physical and mental exertion have not returned within from ten to twenty years. In one case recovery occurred even after marked dropsy had appeared, and in another after dropsy, erysipelas, pneumonia, albuminuria, and emaciation. Hospital treatment, with rest and care, was often followed by improvement, sometimes by recovery. These facts should be remembered when the operative (or medicinal) treatment of Graves's disease is under consideration.—*Am. Jour. of Med. Science*.

THE PHARMACOLOGICAL ACTION OF PURGATIVES.—Dr. William Murrell states that one thing is perfectly clear, and that is, that the majority of purgatives derived from the vegetable kingdom belong to the class of cutaneous irritants—e.g., croton oil, gamboge, elaterium. This irritant effect leads, when the drug is taken internally, to increased peristaltic movement and to a rapid evacuation of the intestinal contents. The stimulation may be exerted on the mucous membrane itself or upon the motor ganglia which preside over the contractions of the intestines. Saline purgatives have an enormous advantage

over purgatives of vegetable origin in not being irritant. It is probable that most of them act simply in virtue of their bitterness. The intensely bitter taste both to magnesium sulphate and of sodium sulphate is readily appreciated, even in very dilute solutions. Bitters excite the secretion both of the stomach and intestines. Gentian, quassia, calumba, and angustura administered immediately before meals improve the appetite and stimulate the powers of digestion. These drugs fail to act as purgatives because many of them contain astringent principles and they are commonly taken in small doses with sherry or gin, which by dilating the gastric bloodvessels facilitates absorption. The theory that the action of saline purgatives is solely to increase peristalsis is now abandoned. The natural purgative waters do not exert their characteristic action if the patient be confined to bed or less favorably placed for the passage of fluid into the intestines. In these cases the action of the aperient is materially assisted by massage of the abdomen, which facilitates the passage of the fluid through the pyloric orifice. The effect of bitter water upon the stomach is beneficial apart from the purgative action, and it is a common experience that patients whose breakfast ordinarily consists of a cup of tea and a piece of dry toast find that they can eat a good meal and digest it after a glass of Hunyadi Janos water sipped slowly while dressing. With regard to the purgative

effect, the bitterness of the water is responsible for its excito-secretory action, whilst its low diffusibility impedes the reabsorption of the fluid. As a joint result of the stimulated secretion and diminished absorption there is a largely increased accumulation of fluid in the intestinal tract, which, partly from the effects of gravity and partly from a gentle stimulation of the peristaltic movement excited by distention, reaches the rectum and produces a copious and comfortable evacuation. Some saline purgatives affect the peristaltic movements so slightly that they are powerless to give the secreted fluid the necessary downward impetus, the result being that there is risk of re-absorption with attendant dangers of griping and discomfort. It is rarely expedient to employ a single member of this group; much better results are obtained by judicious combinations which occur in the natural purgative waters. In the case of Hunyadi Janos water a half-tumblerful is diluted with an equal quantity of boiling water and sipped slowly whilst dressing in the morning, with the result of one copious and easy evacuation immediately after breakfast. The dose can be regulated to a nicety, and it can be taken month after month without the slightest risk of exciting a catarrhal condition of the intestines.—*Medical Press and Circular*.—*Am. Jour. of Med. Sciences*.

A CONTRA-INDICATION TO THE PUNCTURE OF OVARIAN CYSTS.—Rendu (*Lyon Médical*, November, 1895, p. 350) gives the details of a case of unilocular cyst which illus-

trated the dangers incident to tapping ovarian growths. The patient was a woman, aged 34 years, with a probable unilocular cyst. He performed an exploratory celiotomy, and found the intestines all firmly matted to the growth to such an extent as to render its removal too hazardous, if not impossible. The abdominal wound was then closed and the cyst punctured *per vaginam*, with the result of a speedy and satisfactory cure.

It is pointed out that tapping, if attempted in this case, would almost certainly have proven fatal by reason of puncture of the coils of intestine fastened to the anterior wall of the cyst. He was led to open the abdomen by the fact of the patient having had such a great amount of previous pain as to lead him to suspect the existence of the adhesions which were subsequently found.—*Uni. Med. Mag.*

ALTERATIONS OF THE URINARY STREAM.—Dr. Alexander Payer, of Zurich (*Wein. Med. Presse*), has made a study of the changes in the urinary stream.

Projective Force of the Stream.—A strikingly long stream is characteristic of a pathologically developed detrusor, due to hindrances to micturition in the urethral canal, such as follows moderate strictures, a narrow external orifice, or from spasm of the detrusor. Weakening of projective force of the current is, at a certain age, pathognomic of prostatic hypertrophy, and is seen in weakening of the detrusor from chronic inflammation of the mucous membrane and muscular tissue, from neglected gonorrhœa, in atony, from fatty degen-

eration of the muscular tissue, as in the course of acute infectious diseases, like typhoid fever or dysentery, and from voluntary retention of the urine where micturition is painful, as in stone in the bladder and fissures of the neck of the bladder. A decrease of force is observed in neurasthenics and in spinal diseases and tabes.

Decreased Caliber of the Stream.—Hypertrophy of the prostate, or stricture will diminish the caliber. In prostatics the current falls vertically down, and in stricture as well, but in the former the force is not increased by passing, while in the latter it is. Spasmodic contractions of the urethra from general diseases may also cause a diminution of the caliber.

Altered Form of the Stream.—A deviation from the round form is observed as the earliest sign of stricture. In decreased force of expulsion the form is changed. Change of form is not a certain sign of stricture.

Continuity of the Stream.—Sudden stopping of the stream is supposed to be pathognomic of stone, but it is rarely observed except in children. In adults, the stone must be very small and light. It is, relatively, frequently remarked in spasm of the sphincters in neurasthenics.

Starting the Stream, etc.—A drop-by-drop passage of the urine is characteristic of great stricture and great pressure. In some cases there follows a round and strong stream when it started drop by drop; spasm of sphincter.

Dripping of Urine.—Dripping of urine after passage of the stream is a frequent occurrence, and is of varying importance, according as it ap-

pears after voluntary urination—a short time after—or in the intervals. It is due to a relaxation of the muscular tissue of the urethra, and the urethra lying in a half-opened condition does not press the urine out over the bulbous portion, so that it accumulates and is suddenly ejected after urination, or its drips away slowly during walking. Narrow strictures also cause it, where the portion posterior to the stricture fills like a sack, and unless emptied by milking movements by the patient it drains away afterward. Abnormal narrowness of the orifice of very great phimosis are other causes. Involuntary urination may occur at any time, while dripping only follows urination. —*Mass. Med. Jour.*—*Gaillard's Med. Journal.*

GASTRIC CRISES IN DIABETES MELITUS.—Grube (*Munchener med. Wochenschrift*, 1895, No. 7) gives the name of gastric crisis to the attacks which occur not infrequently in diabetics, coming on suddenly with vomiting, colicky pains, dry and coated tongue, cramp in the legs, and slight fever. Diarrhœa sometimes occurs. The attacks last from several hours to several days. Grube thinks the attacks represent a form of diabetic intoxication in which the vagi are irritated by toxines circulating in the blood. They sometimes appear early in the course of diabetes. Under proper treatment recovery is the rule. The most important thing is to cause copious stools by means of enemata. Hot applications to the abdomen are also useful. The vomitus consists generally of the undigested meal pre-

viously taken, and contains free hydrochloric acid. As a avoidance of strict meat-diet. Grube has used with advantage an extract of beef-pancreas in digestive disturbances of diabetics. (The preparation has no effect on the excretion of sugar.)—*Am. Jour. of Med. Science.*

TREATMENT OF FLOATING KIDNEY.

—Albarran (*Annales des Maladies des Organes Génito Urinaires*, Vol. XIII, 1895, p. 577) advises the following in the treatment of movable kidney:

(1) Operate on all movable kidneys which are diseased, varying the operation according to the condition present.

(2) When mechanical troubles or pain are present, try a supporting bandage. If the symptoms disappear, then give to the patient the opportunity of choosing between operation and mechanical support. If a bandage does not give a good result, operate.

(3) When hysterical or neurasthenic symptoms are present, then try the bandage, and do not operate unless it fails to give satisfactory results.

(4) In cases of general abdominal relaxation employ the abdominal supporter, and do not operate unless the movable kidney itself is the cause of distressing symptoms. After the operation it is still necessary to use the bandage.

(5) When a movable kidney does not give rise to serious symptoms, advise the use of a bandage.—*Uni. Med. Mag.*

THE INDICATIONS AND CONTRA-INDICATIONS OF ALCOHOL IN DIABETIC

SUBJECTS.—Dr. I. Hirschfeld, Privatdocent of Inter Medicine at the Medical Faculty of Berlin, has recently investigated the influence of alcoholic beverages on the organic exchanges in diabetes mellitus. The patients subjected to these experiments took from 60 to 70 grammes of alcohol daily in tea or aerated water. Their urine and fæces were carefully analyzed, in order to determine as exactly as possible the effect of the alcohol on the various nutritive processes.

These researches showed that alcohol, when absorbed in moderate quantities, is completely burned in the organism of a diabetic subject and is likely to improve the general nutrition of the patient, principally by favoring the absorption of fatty substances. The polyuria, glycosuria and acetonuria are not in the least increased; but when the patient is affected with cardio-vascular sclerosis, alcohol may exert a deleterious influence on the heart and vessels. Lastly, in cases of diabetes with considerable albuminuria, alcohol may do harm on account of its irritating actions on the kidneys.

The conclusion which appears to be justified by these results is, that alcohol is only indicated in cases of grave glycosuria. It is therefore, well to abstain from its use in the case of stout diabetic patients who complain of general debility, drowsiness and abnormal sensations in the extremities, presenting only a moderate degree of polyphagia and polydipsia, while the glycosuria quickly subsides on suppression of carbon-hydrates in their food, and who under the influence of a restricted anti-dia-

betic diet pass in the twenty-four hours about two litres of urine, containing $\frac{1}{4}$ per cent. of sugar. Whenever the greater part of carbo-hydrated food is burned and utilized by the organism, there is obviously no need of stimulating the exchanges by the use of alcohol. If, however, the patient is in the habit of consuming alcoholic beverages and finds it difficult to do without them, if the heart and arteries are in good condition and there is no albuminuria, he may be permitted to drink from $\frac{1}{4}$ to $\frac{1}{2}$ litre of claret daily; but if he suffers from cardio-vascular sclerosis, or if he presents albuminuria which markedly increases under the influence of alcohol, its use in any form must be strictly forbidden.

The conditions are entirely different, however, in grave cases of glycosuria, when the patient is greatly emaciated and eliminates sugar even if abstaining from the ingestion of carbohydrates, constituting the condition known as "autophagia," that is to say, the patient lives at the expense of his own tissues, especially the fats. In order to prevent, on one hand, the rapid evolution of a pulmonary affection, which is of frequent occurrence in patients, and, on the other hand, to avert diabetic coma, it is advisable to provide for the nutrition of the patient by furnishing him with the largest possible amount of fatty substances, preferably in the form of butter of good quality. To facilitate the absorption of such food and to prevent dyspepsia, which might easily result from the use of food too rich in fat it is necessary to order the ingestion of from 60 to 70

grammes of alcohol daily, either in the form of brandy or rum added to the liquids taken by the patient, or by the consumption of a bottle of generous claret each day. In addition to its favorable influence on digestion, the alcohol, in such cases, has also the effect of economizing, by its intra-organic combustion, the destruction of fat entering into the composition of the tissues.

The existence of vascular sclerosis of moderate albuminuria, increasing under the influence of alcoholic beverages, does not, in such cases, constitute a contra-indication to the use of alcohol, inasmuch as it is absolutely necessary by treatment to prevent at any cost the wasting of the patient, who otherwise would be doomed to certain and speedy death.
—*Med. Week.*—*Gaillard's Med. Jour.*

THE HYPODERMIC USE OF GUAIACOL IN ACUTE PULMONARY TUBERCULOSIS.
—Coghill (*British Medical Journal*, March 7, 1896) has obtained encouraging results in acute pulmonary tuberculosis by the subcutaneous administration of guaiacol. In many of the cases in which the treatment was carried out, the injections were persevered in for some time before any impression was produced on the temperature. The fall of temperature was always comparatively gradual. The subsidence of the fever was invariably marked by increased appetite and weight, and diminished cough and expectoration. A moderate warm perspiration following the injection at a variable interval takes the place of the regular hectic night-sweats. In beginning the treatment, the mini-

mum dose is given before the diurnal rise of temperature has passed above normal, and if the temperature is not reduced in a few days the dose is increased drop by drop to five or even seven minims, which rarely required to be exceeded. When the reactive sweating is excessive two small injections are given daily. The buttock is the most favorable region for the injection, which should be made deep and at a right angle to the surface. In every case, sooner or later, the guaiacol is tasted by the patient a few minutes after the injection. The author has also employed the carbonate of guaiacol, benzoyl guaiacol, and iodoform dissolved in guaiacol in the same manner, but concludes that these compounds have no special claims to therapeutic preference.—*Uni. Med. Mag.*

McCollom (*Boston Medical and Surgical Journal*, February 13, 1896), at a recent meeting of the Boston City

Hospital Club, stated that there had been treated in the department of the hospital for contagious diseases, since its opening on August 31, 1895, 844 cases diphtheria. Of these ninety-six died, a mortality of 11 per cent. All of the cases were treated with antitoxin. The effect of the antitoxin on the operative cases, according to the speaker, was very marked.

In the report of the Boston City Hospital for the year ending January 31, 1895, before antitoxin was generally used, there were eighty-six cases of intubation, with seventy-four deaths, giving a percentage of 86. In the South Department, from August 30, 1895, to February 1, 1896, there were seventy-nine intubations with thirty-six deaths, giving a percentage of 45, a diminution of nearly one-half. "The change in the appearance of the diphtheria wards, says McCollom, since the introduction of the use of antitoxin, has been very marked."—*Ibid.*

Therapeutic Hints.

OBSTINATE CONSTIPATION:

| | |
|------------------------|-------|
| ℞—Ext. fluid. cascariæ | |
| sagradæ, | 100.0 |
| Tinct. nucis vomicæ, | 5.0 |
| Tinct. belladonnæ, | 5.0 |
| Tinct. badianæ, | 10.0 |
| Chloroformi, | 20 M. |

Sig.—Take a teaspoonful in a little water twice a day for a week, and then pro re natâ.

DIARRHŒA:

| | |
|------------------------|-----------|
| ℞—Bismuthi salicylat., | gr. 123½: |
| Naphthol B, | gr. 123½; |
| Pulv. ipecac. et opii, | 4.0; |
| Acidi tannici, | 3.0. |

Misce et divide in capsulas xx.

Sig.—One every three hours.

Acidi sulphurici, 20.0 ℥ 325.

Five drops for each glassful of sweetened water.

EPILEPSY:

The following formula was recommended by Brown-Séquard as a remedy for epilepsy:

℞—Sodium Bromide, gr. 180;
Potassium Bromide, gr. 180;
Ammonium Bromide, gr. 180;
Potassium Iodide, gr. 90;
Ammonium Iodide, gr. 90;
Ammonium Carbonate, gr. 60;
Tr. Columba, $\frac{3}{4}$ iij;
Water sufficient to make $\frac{3}{4}$ 8.

Mix. Adult dose, $1\frac{1}{2}$ teaspoonfuls before each meal, and 3 teaspoonfuls at bedtime.—*The Practitioner*.

MALARIAL HÆMATURIA:

Dr. J. B. Long in the *Louisville Medical Monthly* describes his method of treatment in the above named disease as follows:

When called to a patient of this kind, I first relieve the stomach of all green vomit, by giving emetics, and plenty of warm water to wash out the stomach thoroughly, then a full dose of morphine to settle the stomach and quiet the patient. Next, put the patient in a warm mustard bath, as hot as can be borne; rub the patient from head to feet with coarse towels. When back in bed apply warmth to feet. Give a full dose of calomel and bicarb. soda. and follow every four hours with full doses of salts in warm water. Repeat the salts often enough to keep the bowels moving freely for the first twenty-four hours, or until there is a decided change in color of actions (which are generally dark or green at first). Repeat the hot bath often enough to control fever

and produce free perspiration, and should the fever not run very high I give them night and morning any way. About one hour after the first bath and after giving the calomel and soda, I give a dose of the following prescriptions, and alternate every three hours:

℞—Spirit Turpent., 3 ij
Acidi Carbol., gr. x.
Pot. Chlorat., 3 iij.
Spirit Lav. Comp., 3 ij.
Acacia Gum, 3 iij.
Aqua. Menth. Pip. q.s., ad, $\frac{3}{4}$ iv.

M. Sig. Teaspoonful every three hours.

FOR SEASICKNESS:

℞—Cocain, hydrochlor.,
Ext. opii, aa gr. iss;
Powd. marshmallow root, q.s.

M. and divide into pills No. x. Sig. One pill every other hour.—*Ex.*

This to be followed in one and a hours with

℞—Tr. Ferri. Chlor., 3 ij.
Liq. Pot. Arsenit., 3 ij.
Strych. Sulph., gr. ij.
Aqua, q.s. ad., $\frac{3}{4}$ iv.

M. Ft. Sig. Teaspoonful in water every three hours.

FOR NETTLE RASH

℞—Sugar of lead, gr. xv;
Dil. hydrocyanic acid 3 iv;
Alcohol 3 viiss;
Aq. dest., q.s. ad. $\frac{3}{4}$ ij.

M. Sig. To be applied on cotton wool to the rash.—*Dub. Jour. Med. Science.*

| | | | |
|-----------------------|-------|----------------------------------|-------|
| TONIC: | | Ext. gentianæ, | q. s. |
| R—Quininæ sulphat., | 4.0; | M. et fiant pil. 60. | |
| Ferri redacti, | 5.0; | Sig.—Take one after each meal. | |
| Strychninæ arseniat., | 0.05; | — <i>Coll. and Clin. Record.</i> | |

OFFICIAL LIST OF CHANGES IN THE PUBLIC SERVICE.

MARINE HOSPITAL SERVICE.

For the fifteen days ended March 31, 1896.

Bailhache, P. H., surgeon, granted leave of absence for three days, March 30, 1896.

Banks, C. E., passed assistant surgeon, to proceed to Baltimore, Md., to inspect unserviceable property; then to rejoin the Station at Washington, D. C., March 30, 1896.

Peckham, C. T., passed assistant surgeon, granted leave of absence for thirty days, March 26, 1896.

Williams, L. L., passed assistant surgeon granted leave of absence for fifteen days, March 26, 1896.

Cobb, J. O., passed assistant surgeon, granted leave of absence for two days, March 25, 1896.

Stoner, J. B., passed assistant surgeon, to proceed from Baltimore, Md., to Savannah, Ga., and assume command of service, March 16, 1896.

Prochazka, Emil, assistant surgeon, to proceed from Detroit, Mich., to Evansville, Ind., for temporary duty, then to rejoin station at Detroit, March 19, 1896.

THE NAVY.

For the week ending April 11, 1896.

April 8.—Passed Assistant Surgeon L. L. Young, detached from the naval hospital, Norfolk, and ordered to the "Albatross."

Passed Assistant Surgeon E. S. Bogert, detached from the "Albatross," ordered home and granted three months' leave.

Assistant Surgeon J. M. Moore, detached from the "Vermont" and ordered to the naval hospital, Norfolk.

NECROLOGY.

Some recent deaths among the physicians.

Dr. Robert D. Dickson, aged 77, at Laurinburg, April 4. Dr. Dickson was born in Wilmington, N. C., May 19, 1819, graduated from the University of North Carolina with the degree of A. B., in 1841. He read medicine in the office of his brother, the late Dr. James H. Dick-

son, and graduated from Medical College of New York City in 1845.

The Laurinburg paper said of him:

"No more worthy man ever lived in our community and no name ever more highly respected than was Dr. Robert D. Dickson's. The story of what he was and what he did for this community preferring it to any other, mattering little to him the difference in advantage, save that of where he could do the most good, forms a

bright page in our common history and will be cherished long after many of us are lost within the shadow of the past."

Dr. Thomas M. Franklin, at Greenwich, Conn., March 22.

Dr. Chas. S. Crane, aged 72, at Wisocky, S. C., March 30.

Dr. Joseph S. Gillespie, aged 75, at Chicamauga, Ga., March 27.

Dr. Wm. F. Lacey, at Danbury, Conn., March 31.

Dr. Daniel Flud, aged 77, at Summerville, S. C., March 24.

Professor Sappey, aged 86, March 14. He was a distinguished anatomist.

Two physicians have died from blood poisoning, at Cleveland, Tenn., within a week of each other.

Miscellaneous Items.

In the *Medical Council*, a new journal published up in Philadelphia, and having a department devoted to "stirpiculture," a contributor presents the following:

A horse "race" resembles the "race" of man,

Tho' the simile's force is diminished,
For the man's "race" is naught but a "cell" at the start,

While the other's a "sell" at the finish.
Moreover, in the case of the "race" of the horse,

It's "over" as soon as he wins it,
Whereas, in the case of the "race" of the man,

It's "ova" before he begins it.
Then let us be cautious, and wisely remember,

While patiently waiting the issue,
That horse "sells" are naught but a tissue of lies,
And man "cells" allies of a tissue.

There has recently been issued "A Homœopathic Text-Book of Surgery," of which the publishers say it is "the crowning volume of the Homœopathic library." The following

is the concluding paragraph from a criticism of the book, by a homœopathic physician:

I fail to make myself believe that this book is the "crowning volume in the library" of any physician, except as one to avoid for reliable information. Where are we to look for the marked difference between schools which warrant, in this volume, the distinctive designation of "A Homœopathic Text Book of Surgery?" If the learned, experienced and distinguished editor, wishes to show in the title and contents of his book that the difference between Homœopathic and old school surgery is simply that between tweedledum and tweedledee, and that the name is only used as a "trade mark," the profession will judge of his success.

The Confederation of State Medical Examining and Licensing Boards will hold its sixth annual meeting in room 1, Hotel Aragon, Atlanta, Ga.,

on May 4, 1896. The objects of the confederation are of an advisory nature, and to discuss questions that appertain to State licensure in medicine, with a view to a comparison and improvements in methods, and to consider propositions looking to the advancement of the standard of Medical Education in the United States. All members and ex-members of State Boards and all physicians interested in the objects of the confederation are invited to attend this meeting. Several interesting papers are on the program. Dr. W. W. Potter, New York, is President; Dr. J. M. Hays, North Carolina, Vice President; Dr. B. M. Griffith, Illinois, Treasurer.

Dr. J. G. Ramsay's postoffice address has been changed from Mt. Vernon to Salisbury, N. C.

Dr. W. C. McDonald, of Montreal, has just brought his contributions to McGill University to the princely sum of \$2,000,000, by a recent gift of \$500,000.

Dr. L. A. Scruggs, a colored physician of Raleigh, is a leading spirit in the establishment at Southern Pines, of a sanitarium for negro consumptives. A northern lady has contributed quite liberally to the enterprise. It should be encouraged.

THE EFFETE EAST.—The medical institutions of the Atlantic seaboard are not so good as, or at least no better than, they are in Cleveland. Dr. Parker has been visiting them and writes to the *Cleveland Medical*

Gazette that "they have some palatial operating rooms at the Roosevelt and Presbyterian hospitals and many others not so palatial, but in each are found the same operating-furniture, instruments, and appliances as we have at home. One surgeon and his assistants stamped about in wooden shoes, another surgeon and his assistants wore canvas shoes, and still another operator made a complete change of his clothing after each operation. Perfect asepsis does not depend upon such non-essential details. Indeed, there is great danger that in carrying out these non-essential details the principles of clean surgery may be overlooked. Asepsis is not secured by wearing wooden shoes or canvas shoes, and there are various ways of rendering the hands surgically clean." At the Johns Hopkins Hospital the chief peculiarity was the use of silver wire for sutures and silver foil for protection immediately over the wound. The writer observed numerous instances at this hospital of the violation of aseptic principles. Philadelphia medical schools seem to be very much behind in the procession. "At one of the Philadelphia schools the professor of surgery spoke very enthusiastically of what he was pleased to call his method of teaching surgery. He divides his class into sections, and each section attends the surgical dispensary every day one hour for a few weeks, examining the case presented and assisting in the minor operations performed. This is certainly an excellent method of giving instruction, but it is just what we do for the entire term. At one of the schools I

sat with over four hundred students in a most filthy amphitheatre through a lecture upon fractures of the elbow-joint. There was an ill-concealed impatience among the students; so boisterous did they become that the lecturer twice stopped in his discourse and begged in supplicating manner that they desist and permit him to finish his lecture. And this was no fault of the lecturer, for his talk was most practical and richly illustrated with numerous specimens, well-executed diagrams, blackboard sketches,

splints, and dressings." Finally at all of the clinics there was a dearth of operation cases and a class in operative surgery could not be held, as there was no subject at hand.—*Med. Record.*

Michigan has a law, passed in 1895, requiring the nurse or any person having charge of an infant to report at once any inflammation of the eyes occurring within two weeks of birth. When will North Carolina move? Many States have enacted such a law.

Reading Notices.

A DOCTOR'S CARBUNCLE.—I thank you for the box of Sennine. It come just in time for me to try it on myself in a malignant carbuncle which had caused me much suffering.

It affords me pleasure to state that Sennine has benefitted me more in three or four days than any of the many Antiseptics I have used among which were Iodoform Antifebrine and Aristol, so you can see that Sennine has the best standing with me, and I cheerfully commend it to my brother practitioners.

Yours very truly,

R. M. WELLS, M.D.,

Plant City, Fla.

Dios Chemical Co., St. Louis, Mo.

ELIXIR SALICYLIC COMP.—Wm. R. Warner & Co's Elixir Salicylic Comp. is at the present time, no doubt the foremost remedy for Rheumatism, Gout, Lumbago and kindred diseases. In acute inflammatory rheumatism, two tablespoonfuls every few hours, diminished to one tablespoonful every three hours produces desired effects.

It is a pleasant and permanent remedy, and is put up in 12 oz. square blue bottles by Wm. R. Warner & Co. It is advisable to purchase Elixir Salicylic Comp. (Wm. R. Warner & Co.) in original packages to avoid substitution of inferior imitations.

TO REMOVE FROM THE HANDS THE ODOR ACQUIRED IN MAKING A POST-MORTEM.—Every physician who has had occasion to make a post-mortem examination is familiar with the peculiar cadaveric odor which clings so tenaciously to the hands. Those also who have treated uterine cancer know the sickening odor of the vaginal discharges and how impossible it is to wash it from the hands. In such cases, the hands should be washed thoroughly with warm water and soap, and then listerine applied full strength. If listerine had no other use than this it would be of great value as an antiseptic, either internally or externally.—*Massachusetts Medical Journal.*

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No. 9.

Original Communications.

NEPHRITIC CALCULUS.—REPORT OF CASE.*

By W. B. RUSH, M.D., Oakland, Fla.

Was called October 20, 1895, to see Mrs. E. S., aged 38. When called she was suffering from very sharp pains over region of the left kidney, vomiting, frequent micturition, restlessness and constipation.

She had suffered a similar attack two years previously. In each attack the urine was normal in appearance until the crisis, and each passage very painful. I gave opium per stomach and applied belladonna over the kidney. When pain subsided gave muriate of pilocarpine. At the end of one hour there was a passage from the kidney of about six ounces, containing some blood, pus and urine. This continued for five days and the case was discharged. I could not obtain any crystals or calculus.

December 14th.—Same patient came to my office by train. She was suffering all the former symptoms, but greatly aggravated in every way. Had suffered then ten hours, vomiting and micturating every fifteen minutes. After trying many things for vomiting, resorted to chloroform inhalations. When patient was somewhat quieted made an examination. Over left kidney there was noticed a swelling—very tender—with a doughy feeling; quite a contrast between the region of the two kidneys.

Applied f. e. Belladonna 3 iij on cotton over the kidney, and over this a large hot bran poultice. Gave F. E. deodorized opium 3 ii, oil peppermint gtt. x, bish. subcarb. gr. xx, digitalis grs. iii, and continued the chloroform for two hours.

*Read before the Florida State Medical Association April 7, 1896.

She passed urine about every hour, normal in appearance, but it occasioned increased pain. This I believe came from right kidney. At this time pain subsided and she rested quietly for fourteen hours, when a return of symptoms occurred. There was less pain, but more restlessness for two hours, then a seeming collapse—pallor, feeble pulse, cold perspiration, chill, lowered temperature. I feared a rupture of the capsule of the kidney. Patient complained of pain passing downwards towards the bladder, but examination could not be borne.

I gave above treatment in increased dose, just double in amount, resumed the chloroform inhalations and waited two hours and no change noticed for the better. Then gave half-grain muriate of pilocarpine, at end of forty minutes no improvement, no noticeable effect of the pilocarpine. Then administered $\frac{1}{8}$ gr. sulph. strychn. hypodermically, f. e. digitalis, alcohol, one ounce. After twenty minutes a nervous rigor seized the patient and a fall of 2 degrees in temperature occurred. Applied hot packs and raised temperature (of pack) to 120°. At end of twenty minutes temperature was normal, pilocarpine acting in force. After the vigor passed half ounce of urine, normal in appearance, pain ceased in kidney but increased near the bladder and on lying down patient fainted. On reviving and being placed on vessel, she again voided about 4 $\frac{3}{4}$ which, on standing, showed three parts pus, two blood; one of urine. Three more passages during four hours, having passed in all in the next twelve hours from first passage of pus 14 $\frac{3}{4}$. Estimated amount of pus and blood 8 $\frac{3}{4}$. This continued for eight days in decreasing amount when both ceased. On the eighth day the calculus I show you passed from the bladder. This weighs 4 $\frac{1}{2}$ grains. You will notice one edge of the stone is a sharp crystal of uric acid. A few small crystals were observed to pass prior. It required close observation to find this stone—only a few small grains same as the stone in substance were found. I am certain this stone passed from the kidney and the fine sharp crystals on the prominence of it cut ureter and caused the hemorrhage and this with pus and urine forced its passage into the bladder. Patient made a slow recovery—two œdematous spots occurred on left side of the body, which were quite painful and lasted two weeks. Also a harassing cough at same time and duration. She has remained well since January 30, 1896.

ADDRESS—THE TRUE PHYSICIAN.*

BY W. H. BOBBITT, M.D., Raleigh, N. C.

Mr. President and Fellow Alumni:

It affords me unusual pleasure born of the most cordial good will, to greet you on this occasion. There is a community of interest which prompts us all, I am sure, in gathering here. One sentiment prompted by the love of one common cause thrills the hearts of all of us—the building up, strengthening and widening the influence of our Alma Mater.

Being fully mindful of the honor conferred upon me as the one selected to address you this evening, and fully appreciating the dignity and importance of this presence, I shall presume upon your patience to address you briefly upon the subject of

THE TRUE PHYSICIAN.

The study of medicine is as old as the sufferings of men. It had its origin in the early days of history, when superstition, and not reason, dominated men. All manner of physical suffering was attributed to divine displeasure, and only those who possessed influence with the gods could appease their wrath and restore health to the afflicted. Prophets and priests, by miracles and jugglery, gathered to themselves peculiar sanctity. Egyptian science began the redemption of medicine from the trickery of superstition, and made it a subject of rational thought and investigation.

The three ancient schools of Dogmatics, Empirics and Methodics, while operating upon meagre knowledge, yet show the progress of medicine as a true science. Down through the eighteenth century, it was impeded by false philosophies and shackled thought. No science can grow in an atmosphere of enslaved reason. The tyranny of ecclesiasticisms and the unholy union of Church and State, were the enemies of all scientific progress. When insulted thought and long pent-up energies of mind waked to the consciousness of unjust bondage, the spirit of freedom enthroned itself in the impulses of the mind, reason took the eternal oath of liberty, and the sublimest epoch of history was born. Science began a new march; the locomotive, the electric current and all the vast powers of machinery, transformed the physical world, and added immeasurable resources to history. The new epoch of freedom of thought has made the nineteenth century the richest of all. While other centuries have laid the foundations, and are due all worthy regard, yet this is the century of progress. To-day the pulpit is free, literature is free, philosophy is free, political thought is free, all sciences are free, and the universe opens every realm for human investigation.

*Delivered before the Alumni Association of the College of Physicians and Surgeons, Baltimore, Md., April 15, 1896.

Among all the sciences none have made more of this liberty than medicine. The opportunities for research are unlimited and the apparatus are vast. It has laid its hand upon a number of sciences and brought them under its service. Chemistry, physics, physiology, psychology, mathematics, as well as histology, anatomy, therapeutics and surgery, are parts of its growing domain. It is one of the first sciences to utilize all improvements. Build a bicycle, and a doctor mounts it; improve a microscope, and a doctor buys it; invent an electric light, and a doctor throws it down a throat in search of a true diagnosis; discover the X-rays, and he looks at a fellow's breakfast and finds a long lost needle. So every where they are laying every item of progress under contribution to themselves.

I want to call your attention to some essentials of our profession lying outside of technical lines. With all modesty, we may claim to be an absolute necessity; the world sets a high value upon us, and commits to us most sacred trusts; we cannot be indifferent to these trusts and expectations. Our realm is constantly widening, and we are fast becoming the trustees of modern civilization.

The doctor should be a man of cultural influences. Necessity may admit us to the best homes, and give us large liberty in them, but this necessity should not be the occasion of social insult. No man should esteem more highly than the physician the most delicate decorum. A boor may peddle peanuts and dig ditches, but he should never practice medicine.

Low and vulgar talk may be tolerated because there is no means of defence, but such professional degeneracy is a high crime deserving the strongest condemnation. It is to be regretted that a few learned and skillful physicians are sadly deficient in cultural regard. The most prominent and intellectual man that ever enters many homes is the physician. It may be the cabin of the Southern negro, but even there, he has an opportunity to make a cultural impression and uplift the sentiment of the family. The old "Aunt Nancy" type of doctor, with soft and insincere tones, patronizing airs and jelly-fish convictions, or the medical dude with eye-glasses on the end of his nose and latin phraseology, are to be as much despised as the medical boor. True culture demands manhood of an iron type, but *burnished* iron. No better example of the true, faithful and cultured physician, could anywhere be found than in the person of the late lamented Dr. Budd, a plain, unpretentious, general practitioner, who lived and died in one of my neighboring counties. This plain country doctor was physician, surgeon, gynecologist, accoucher, oculist, aurist, chemist and pharmacist to a section of country extending miles and miles around him, and in each department he was a specialist. He was never known to turn even the poorest patient away, but with that cheerfulness which always illumined his life, he undertook the case as though his subject were a Prince. It mattered not how dark the night, nor

how great the distance, once in his saddle, the hills and the rocky roads, the rain, snow and wind, were no obstacle to him. He was a scholarly man, learned in all the sciences, and continued as long as he lived to be a student of a high order, keeping fully abreast with all progress in his profession. Particularly was he a refined and cultured gentleman. His manner was that of a Chesterfield, and his conversation and decorum were elevating. His limited means did not permit him to procure the many conveniences and appliances which make surgery a fine art, yet it may be said of him that he recognized that plenty of hot water and soap faithfully used, tended to the prevention of sepsis. Many are the capital operations he has performed in cabins and shanties, unassisted, with such marvelous results, that a tabulated account would astonish the aseptic and antiseptic surgeons of this more advanced day. He was no respecter of persons. Dealing always kindly and justly with his fellow men, early in life he gained their love and admiration, and by his countless deeds of mercy, erected a monument to his memory which will live in the hearts and minds of that people whom he served so faithfully as long as they live. His brother, a prominent lawyer of Philadelphia, in company with the Hon. Reverdy Johnson, United States Senator from Maryland, were in Raleigh some years ago attending a session of the Federal court, when they met the doctor. Recognising his unusual ability they insisted upon his removing to Philadelphia or to some field which offered greater opportunities for talent, stating that he was only *vegetating*; to which this good physician, who loved his people better than he did personal notoriety and fame, replied: "That may be true, but I trust it will be a luxuriant growth, and bring forth ample fruit. No sir, I cannot go; my people suffer from the same diseases as the Philadelphians and are liable to the same accidents, and if I have any talent, *they* are entitled to it." On more than one occasion, he has returned to his home after a hard day's work in the stormiest winter weather without his comfortable over-coat, and when asked by his good wife concerning it, would remark that he had found a man along the road thinly clad, and that he had put his coat upon the poor fellow's back—the milk of human kindness itself.

This noble physician, in whom was combined culture and ability, refinement and charity left to his family a rich legacy, not of gold and silver, but a life well spent, loved by all, and mourned as few men are.

The True Physician should be a patriot. I do not mean that he should simply be at the polls on election day, or shoulder a musket in times of war—patriotism has higher functions. It guards the interests of one's people and defends them against the invasion of an enemy. An army of microbes is more to be feared than the Spanish troops, and he who throws himself into the breach and fights them back is more patriotic than a column of armed men or a ranting Senator.

Public health is a new patient but it is a real one. It is not enough to attend the individual; The True Physician must attend the community. A rotten sink belching out more death than Vesuvius, unnoticed by municipal authorities, cannot be disregarded by a faithful physician. Sanitation is in the domain of his prerogatives. The very nature and aim of sanitation are such that every conscientious physician should be interested in diffusing as widely as possible a knowledge concerning it. It, unlike medical science, aims at the prevention rather than the cure of disease, and is based upon carefully observed and accurately tabulated facts. Drawing its conclusions from observations of the deplorable results of the actual mode of life, both of communities and the individuals making them up, it does not map out a new theory of living, but points out the breakers to be avoided, and the advantages to be obtained by adhering to the laws it promulgates. No sanitarian expects his science to lengthen the natural term of life, and holds out no promise of an earthly immortality or an existence which will be reckoned by centuries, but only to remove whatever artificially curtails or shortens our mortal life. When the aged are called hence, and are to be no more, we are sad, but not comfortless. "Some natural tears are shed" as we receive their parting blessing, but we have faith, even amidst our tears that it is a merciful dispensation which calls them to another life. Not so when infancy dies, or when youth and manhood perish by the roadside. "When the silver chord is loosed before the music of the harp has been heard, "when the golden bowl is broken before the waters of life have filled it," then our hearts are desolate, and refuse to be comforted. It is the death of the young, the premature withering of the bud, which, more than any other affliction, requires for its consolation the exercise of the highest type of Christian faith.

From the records of sanitary science, from the undisputed health returns and registration reports, we learn the comforting lesson that these saddest of all afflictions are due more to the transgressions of man than to the decrees of Providence. Thousands perish annually and tens of thousands waste much of their lives on beds of sickness, because the noisome atmosphere of uncleanness, disease and death, have been allowed to gather and float around them till the lamp of life is extinguished.

Dirt and the frying pan are common enemies to health, and soap and cooking stoves scientifically used would be a patriotic prescription. It is hard to overcome any disease so long as ignorance and dirt prepare the food. Social science looks to the physician for his verdict on all questions involving public health, and he should not be timid in his utterances concerning them. Let us tell our clients of all these things and urge them to a better understanding of the laws of sanitation. Pure air, exercise and cleanliness, have been recognized since the days of Hippocrates as indispensable to sound bodily health and mature years, but never so much as now, has the profession of

medicine recognized the degree of importance to be attached to the proper understanding of these essential conditions of physical existence.

A high motive should underlie our work. It is not enough to gain a livelihood by the practice of medicine; there are higher ends, and some professions demand them—none more so than the medical profession. To coin money and accumulate fortunes out of human pain is too low an incentive.

Every profession can show its heroes. The pulpit has them; the State has them; the schools have them; the battle field has them; society has them; the home has them; but nowhere has heroism found sublimer exemplification than in the thousands of physicians confronting death in the winds, the poisoned swamps, the infected dens, the contagions, and all the sources of poisons, seeking to save life at the expense of their lives.

Col. Keating's "History of the Yellow Fever Epidemic" in Memphis, Tenn., in 1878, pays a high tribute in the following language to that self-sacrificing, patriotic physician, Dr. John Erskine: He was a man of large mold. Physically he was perfect. Very tall, very stout, he was the picture of health. His handsome face was lighted by a perpetual smile. Good nature, good heart, and a cheerful soul were the convictions his manner carried to every beholder. He was a manly man. He had been a soldier, and he bore about him the evidences of gallant service. Nervous and eager, devoted and anxious, he went down to his grave the victim of overwork. He was an inspiration to his friends, an example of constancy, steadiness, unflinching courage and unflagging zeal. To the sick room he brought all these qualities, supplemented by an unusual experience and inexhaustable stock of knowledge, and a sympathy as deep as the sad occasion. Tender as a woman, his heart ached at the recital of miseries he could not cure. Besides his duties as health officer, John Erskine was earnest in his attentions to patients whose demands were incessant. For days before he succumbed, observant friends felt that he must fall. He had tasked his powers far beyond endurance. His heart was to the last keenly sensitive to the sorrow about him. The mitigation of it was his anxiety. He chided himself because he could not do more for the people who loved him, and by whom he will ever be remembered, and to the last was questioning himself for a remedy for a disease that has so often conquered the ablest of a noble profession. "No better man ever laid down his life in the cause of humanity."

Behind such a rich history beats the divinest motive power. Other men may flinch and run at the approach of some deathly contagion, but so long as fever burns and pains tear the human body, The True Physician must stand at his post. It is to the honor of the profession that few of them have deserted their posts. His highest remuneration is not a large check, but the esteem and confidence of relieved humanity. The joy that comes to the mother when health is brought back to the sinking babe far outweighs the

sense of shekels gained. The noble history that lies behind our profession, so rich in heroism, is a call that should inspire the heart of every physician. We dare not besmirch it. Not only should the men who go out from this institution represent the most progressive spirit and skillful knowledge, but in heroism they should not be one inch behind. When skill and heroism join, history grows rich.

And now Fellow Alumni, what shall we say of our Alma Mater, to whom is due the largest mead of praise and honor for what we are as professional men, and for what we may expect to be in the future? Equipped as she is, with a faculty second to none in this country, her hospital and clinical advantages surpassed by no medical school on this Continent, with a patronage embracing every State in our Union and many foreign lands, we can but look with pride upon her whom we have watched with ever increasing joy from her infancy on through childhood, until now she blossoms forth in all her lovely womanhood.

Who is there among us who would not gladly do her honor, laying at her feet most freely and graciously all the trophies and triumphs gathered by her sons from all sections of our common country, and crowning her fair brow with that wreath of laurels that never perisheth—our undying and enthusiastic devotion. As practical, loyal sons, we should ever take occasion to place her many advantages before young men who are seeking a medical education, and work unceasingly for the upbuilding and extension of her already wide and beneficent influence. In honoring her, we honor ourselves.

Selected Papers.

MEDICAL SURGERY.

BY G. E. BENNINGHOFF, M.D., Bradford, Pa.

The merging of medicine and surgery into one grand profession was done for a purpose. When it became known that certain drugs would produce the same results as blood-letting, it only seemed proper that he who could do one should be able to do the other, and time has proven the wisdom of such an idea and the association of the two. For all cases where similar results were desired could not safely be treated the one way alone, but it was necessary to decide which of the two ways was the best. The barber of those early days could bleed, but he knew nothing of producing similar results with drugs. The apothecary of that time knew how to do it by drugging his patient, but the sight of blood made him sick. Eventually it became necessary that one should be learned in both, and so came the physician.

As we come down the centuries many things have been changed from the original, either by adding to or taking from, until at the present time there is an effort to draw distinct lines between surgery and medicine, but the association of the two are just as necessary now as they were in times past. There is to-day as much of a medical side to surgical cases as there ever was, and the rapid progress of surgery, whereby medical cases of a few months ago are now surgical, affords abundance of proof that medical cases have a surgical side. An attempt will be made in this article to show why medicine and surgery should be associated more closely than ever. While so doing, cases demonstrating the above theory will be given, and at the same time an effort will be made to show that we need more physicians who can do blood-letting and drugging at the same time, or on the same patient, so to speak. The distance to step from one to the other is not very far, for the medical man must needs have all, or nearly all, the qualifications of the surgeon. At the present time he is supposed to be able to make a diagnosis of the disease present, to intelligently watch the progress of the case, so that when the danger signal is up he can call in the surgeon, have the surgeon operate, and finally attend the case through to either a successful or fatal termination.

On the other hand, one cannot be a successful surgeon unless he is, first of all, a thorough physician. There has always existed an impression, which undoubtedly originated not in the profession but with the people, that the surgeon must possess some peculiar make-up, a sort of mythical something, not possessed by a very select few. One hears great stories regarding a certain surgeon; how he can cut people into pieces without an effort, until as a natural result the people call him a butcher. There is nothing in surgical experience that requires the coldness of mind and heart to the degree, as when one is compelled to sit by and see a patient die for the want of a little surgery. The man who can sit by and coldly wait for death and his fee has more nerve than any surgeon.

The advocates of specialties claim for the specialist the superlative quality and skill acquired by his extensive experience in that one particular line. But on the other side it can be said, that while in the manual part of his specialty he becomes an expert, generally his powers of reasoning become narrowed until he obtains, so to speak, a special mental faculty, whereby all things partake alone of his particular specialty. It would seem that the broad experienced mind of the all-around general practitioner is better qualified to at least diagnosticate disease than the specialist, provided he has as thorough knowledge as he can have in the completeness of his profession; and further, there are none of the specialties so clearly allied to medicine, except those which are really medical branches, as is surgery, and instead of diverging, as is thought by some of the profession, they are coming more closely together.

This is being brought about because of certain diseases which are primarily medical but later are surgical, also certain surgical conditions which are later medical. Undoubtedly the diagnosis of surgical conditions requires as much skill as does any other part of surgery, yet the license given to the surgeon of the present day, whereby he is at liberty when in doubt to explore into any of the cavities of the body and thereby make his diagnosis certain makes it even more easy than in medical cases.

Fully three-fifths of my surgical work is sent to me by other physicians, and the accuracy of the diagnosis as made by the attending physician has thoroughly proven to me how capable the average physician is to diagnose surgical conditions, possibly not in all their detail and fulness, but sufficiently so to denominate the cases as surgical. From the foregoing I do not wish to be understood that the surgical diseases are easy to diagnosis, for many of them are not, but in comparison with medical cases I think they are the easiest.

In surgery the knife reveals many surprises. So does also the test-tube and the microscope in medical as well as surgical cases. One of the first surgical surprises that I found was so interesting to me that I think it will bear relating, as it serves as a good demonstration of the revelations of the knife. A woman had been calling to see me several times, during a period of six months, for a painful enlargement in the right crural canal. The enlargement was oblong, its base being upward and just beneath Poupart's ligament. At that point it was about three-fourths of an inch in diameter and could be reduced by lying down. During the time it was under my observation there was but little change, except in the increasing periods of pain. These were at times intense, but one time, instead of the patient coming to see me, I was sent for. The part had been painful for two days this time and had become very much swollen. There were nausea and vomiting present with extreme exhaustion and constipation. Having previously diagnosed femoral hernia and at this time being unable to reduce it, I operated to relieve strangulation. After getting down to the sac and incising it I found, very much adhered to it, something which, after freeing it of all adhesions, did not look familiar to me. By continuing steady traction a portion of intestine came into view, which caused me to feel sure that I had the appendix vermiformis. I removed it and the patient recovered. Even after removal it was so enlarged and changed by inflammation and its results that I was uncertain as to what it was; but three years later the lady developed a subserous uterine fibroid, for which I did an abdominal section, and while doing it had a good opportunity to search for the site of the appendix, finding where it had been removed at the former operation.

It is not alone in anomalies that the surgeon meets with surprises, but they often come where the conditions are not abnormal. Only three weeks ago a

lady presented herself with an abdominal tumor, which was freely movable and floated about in the abdominal cavity, reaching as high as three inches above the umbilicus. The growth was hard and combined palpation revealed its attachment to the uterus. I did not hesitate to diagnosticate a uterine subserous fibroid. When she was operated on, the tumor was found to be a dermoid cyst of the left ovary, so completely filled that there was no possibility of fluctuation. The tube had adhered to the uterus and formed a sort of secondary pedicle. The tube was much enlarged and contained a fetus one and one-half inches long.

I wish to relate a case in point, to show how easily the surgeon, who relies alone on his surgical experience, can be misled by physical symptoms. Four months ago I was called to see a woman with an abdominal tumor, which was fully six inches in diameter, freely movable, located in the left iliac and lumbar region, extending forward past the median line. One could say it was semi-hard and felt very much like an enlarged spleen, or some form of splenic tumor, but the physicians attending the case informed me that they had found pus in the urine in large quantities. So they decided, and I agreed with them, that the tumor was an abscess of the kidney. The usual lumbar incision was made over the kidney, through which the abscess and diseased kidney were reached. The patient made a perfect recovery and, with one kidney, is perfectly well. There can be no doubt but that had one depended upon physical symptoms, the abdomen would have been opened and a very serious, if not dangerous, operation would have been undertaken, whereas the one which was done was very simple and comparatively without danger.

But the part of this subject which, from a practical standpoint, interests us most is surgical cases which are medical, either before the advent of the surgeon or after. It is interesting, just at present, to note what is being said regarding the vast number of persons having had, for various diseased conditions, abdominal sections performed that remain invalids. Indeed, it is this fact alone, one may say, that stands as a powerful argument in favor of Pean's method of complete removal of uterus and adnexa, where formerly only the diseased part was removed. The advocates of Pean's method claim that the ratio of complete cures after section is small because the uterus is allowed to remain, and subsequently continues to produce disease either through the nerves or lymphatics. If the surgeon who performed these operations had been a physician, so to speak, the results might have been vastly different.

A surgical operation is so very often done as a last resort, that the idea prevails that it is the last thing that needs to be done. I believe right here is one of the greatest mistakes in the profession. Surgery, at its best, is only a small part of it. Why a patient, who has been suffering for from one to

twenty years from some chronic surgical condition, should be considered cured when the surgeon has removed the sutures, is one of the most incompatible ideas which we are compelled to analyse. Take, for instance, any form of periuterine inflammation, which results in pus formation or extensive adhesions, from which a woman has been suffering for years. Is it not the invariable rule that the nervous system is a wreck? Spinal irritation, with all the host of symptoms that go with that condition, indigestion of all forms, cardiac irritations; in short, there are so many sympathetic disturbances, that the patient hardly thinks of the original symptoms until reminded of them by her physician. The part originally diseased is removed, but all the other semi-diseased nerves and organs are allowed to remain and get well of themselves. Is it strange that often they do not get well?

In my surgical work I have never ceased to remember that I am a physician and I have always thought it proper to treat patients medically before and after operations, the surgeon's occupation will be gone, because the case will have gotten well. Generally, when the physician attending a surgical case becomes convinced that an operation is necessary, he sends his patient to the surgeon who performs the operation. If the patient recovers from it she is so thankful for her life, that she sings praises of the surgeon. Not that she is cured, but because she did not die in the great ordeal through which she passed. When, after a few months, many of the old symptoms remain, she either goes to the surgeon, or she goes direct to her own physician. The latter is disgusted when she relates the same old symptoms and quickly prescribes for her and prescribes her out of his office. Thus she passes on, from year to year, uncured, and she is numbered with those who receive no benefit from a surgical operation which was really necessary. Had her physician and surgeon been one and the same, the treatment would have been continued until she was cured. And what holds good in this hypothetical case, is true in very nearly all operative surgical cases.

Consider the legion of tubercular diseases which come under the surgeon's hand, and all allied affections. Do they not require the intelligent treatment of the physician in order to be cured? Think, too, of the rachitic! In these what can surgery do without medicine? Several times rachitic cases have come under my care that have undergone surgical operations for deformities. All treatment ceased at the advent of the surgeon and was not begun again. The result was that the deformity returned worse than ever. In reference to the importance of medical treatment with surgical operations, I wish to offer the results as to cure in 120 abdominal sections, performed prior to 1895. Those made since the beginning of this year are not included, because the time since doing the work is too short to determine whether they are or are not cured. These 120 were done from 1889 to 1895 and for all conditions. There were 13 deaths, leaving 107 cases which recovered from the operation,

all of which required medical treatment either before or after the operation. In this list, if two are excluded who have ventral hernias, but are otherwise well, there are only two who are not cured, but even they are greatly benefited and both of these had ureter disease prior to operation. Thus of these 107 cases, 105 were cured, and compared with what is claimed as a result in these operations I am led to believe that medical treatment cured many of them, which without it would have been surgical failures, and it is these and similar results in other surgical conditions which force me to believe that the physician and surgeon should be one.

Is it going too far for us to say that a patient to receive the proper care prior to, and after a surgical operation, should be operated upon by the physician? It will not be a great while until the thorough instructions that the medical student is now obliged to receive will be such to thoroughly equip him to do his own surgery, quite as well as to treat disease medically. Even now our great medical colleges show the student more surgery than medicine. Why, then, should he not do both? That the time is not far distant when he will, is demonstrated very plainly and when he does many lives will be saved by his promptness to operate at the golden moment, instead of waiting for the surgeon.

THE QUESTION OF SHOCK AFTER ABDOMINAL SECTION.

Abdominal surgery has reached that stage where, other things equal, barring shock, recovery is the rule, and death is the exception. Aseptic technique has been so perfected that death from sepsis may be termed preventible, except where the patient is septic before operation. The high mortality in the past, traceable to hemorrhage, has to-day been lowered to a fraction of a per cent. Shock alone remains the surgical bugbear; and were the surgeon in a position to exclude this factor, abdominal section, in instances where circumstances preceding or attending the operation—such as deep septic infection, acute anemia—do not carry a grave prognosis, would not have a deathrate. The question, then, how to guard against shock, is the burning one to-day, and to answer this it is requisite to determine the nature of shock.

It is essential to differentiate sharply two forms of shock. Thus the impressionable individual may die of shock from the receipt of a slight injury, or indeed only a mental impression—such as suddenly told news of bad moment. Such an individual will die of shock where the blow suffered, for example, whether physical or psychical, is so slight as to leave no mark on

the body or in the system determinable by autopsy. Such shock we cannot guard against, and it is vastly different from that following surgical procedure, such as the opening of the abdominal cavity, with its associated bruising of nerves and blood-vessels and the necessary loss of blood. This latter form of shock is that which the surgeon must study how to prevent, and such knowledge is best applied where he is in possession of the causal factors at the bottom of shock. Prevention is alone possible where we know the cause, and thence can deduce the remedy.

At a meeting of the New York Obstetrical Society, held in January, this subject of shock was thoroughly discussed, the initiative being a paper on "The Pathology and Treatment of Surgical Shock," by Dr. Eugene Boise, of Grand Rapids, Mich. The author of the paper puts the question as to whether it is not probable that the pathology of surgical shock is in no sense a paresis of the nervous system, as has been usually claimed, but rather that it is an excessive irritation of the entire sympathetic nervous system, the result, chiefly, of an excessive stimulation of the vaso-motor nerves. After analyzing the various symptoms, which are the evidences of shock, Boise concludes that they are the necessary consequences of general contraction of the arterioles, or of general vaso-motor irritation, and that they could not follow a vaso-motor paresis.

The primary and essential factor in producing surgical shock when the abdominal cavity is opened is an undue irritation of the terminal endings of the sympathetic system of nerves that are distributed to the peritoneum. This results in overstimulation of primary vaso-motor and cardio-innervating centers, at a time when nutritive activity is waning. This causes a primarily rapid and weak action of the heart. At the same time it excites an undue contraction of the walls of the arteriole and causes the blood to be rapidly driven over into the veins, which thereupon progressively expand, thus preventing the blood from returning to the arterial system as rapidly as it should. This change in the condition of the vascular system rapidly decreases the total volume of blood in the arterial vessels and causes an unusually large volume to accumulate in the veins. This abnormal condition of the circulatory apparatus, together with the rapid and imperfectly performed action of the heart, causes the blood to flow in smaller quantities and with greater speed through the arterial capillaries, at which point all nutritive interchange is affected. Consequently a rapidly developing state of malnutrition is produced, which, together with the accumulation of an abnormally large volume of blood in the central veins and the marked volumetric decrease of blood in the arterial system, constitutes the abnormal condition of the physiological economy which is now regarded as the true pathology of shock. This accomplished, the nervous system is more or less profoundly depressed and nerve innervation at a low ebb.

Such having been established, the corollary, as regards prevention and treatment, follows along determined therapeutic lines. Thus, nitrate of amyl employed in the early stages is a valuable agent in the treatment of shock, acting as a dilatant to the contracted arterioles, and, were it not for the evanescent effect of this drug, we would find it the best of all remedies. Again, nitroglycerine, which is so powerful a stimulant in the presence of shock, acts not by reason of its special direct effect on the heart, but because of its relaxing effect on the contracted arterioles; similarly opium and strychnine and heat, the great value of each of which is so well recognized, relieve shock through their undoubted influence in stimulating the depressed vaso-motor centers.

From such deductions Boise draws the following conclusions as regards the proper manner of treating surgical shock:

1. Inhalation of nitrite of amyl, not alone while the patient is on the operating-table, but repeated afterward at intervals.

2. The hypodermatic injection of nitroglycerine in large doses; that is to say, where this drug is indicated at all we must secure its full effect speedily, and in order to accomplish this the dose must be such as under ordinary conditions might be toxic. One-fifteenth to one-twentieth of a grain, repeated until the effect on the pulse is evident, should be the rule.

3. Repeated injections of hot saline solution, given by high enema so that the fluid will pass into the transverse colon, are most valuable adjuvants, not alone tending to relieve vaso-motor spasm, but also supplying to the circulation the fluid lost by hemorrhage during the operation.

4. Finally, hypodermatic injections of strychnine, in the dose of a fifteenth of a grain, assist markedly.

The sum-total of the entire argument is that, as a rule, the exact meaning of shock not being appreciated, valuable time is lost in the old methods of injections of whisky, or brandy, or camphor and ether, while the drugs which are really of service are neglected. Obviously, where the surgeon is not forced to do an abdominal operation in the presence of urgent symptoms, it should be his aim to guard against shock by administering certain of these remedies beforehand. If a few days may be allowed to elapse before operation, it is questionable if the starving policy, too frequently resorted to, is allowable. The aim is to secure an empty intestinal canal, and the result is a weakened patient. If the intestinal canal has been trained to act normally, then it is a decided advantage, from the standpoint of guarding against shock, to feed the patient bountifully up to within twenty-four hours of the time set for operation, the food being of the kind which contains the most nourishment of an easily assimilable character, but the bowels should always be empty before operation.

Hypodermatic injections of strychnia, in the dosage of one-twentieth of a

grain every four hours, will also place the patient in good condition to withstand shock. Immediately preceding operation a hypodermatic injection of an opiate may be given to advantage. If administered in large enough amount, the effect will not wear off until some time has elapsed after operation, so that not alone do we thus enable the system to withstand shock, but the patient, sleeping for a certain length of time afterward, is not so likely to suffer from anesthesia-vomiting, which of itself is a causal factor of post-operative shock.

Attention to these rules before operation will unquestionably do much toward preventing shock in the large proportion of cases. There remain, however, a not inconsiderable proportion of cases where the operation is necessarily of an emergency character, or else where the patient is in a condition of fairly acute anemia when the operative procedure is forced upon the surgeon. Often the patient is in a state of shock and the question which will force itself is, Shall I wait until the patient has rallied from shock, or shall I proceed to operate and thus add shock to shock? Such are instances where there is reason to suppose that rupture of the uterus has occurred, or where the symptomatology suggests the presence of intraperitoneal rupture of an ectopic gestation, or, probably worse than all, the overcharging of the system with the products of acute sepsis. It must be granted that in such cases the problem is a most difficult one to solve, and yet on speedy decision and on prompt action the life of the patient depends. There is little glory to be acquired from operating on a dying patient, and probably this thought unconsciously swerves our judgment against prompt operation.

But, considering the factors which may be present as the foundation of shock, it may be apparent that the best way to rid the patient of shock is to operate, and thus allay the causal factor. Thus, in case of intraperitoneal bleeding, if this be not arrested, the patient will die, unless nature check the hemorrhage, as she often does, by throwing the patient into a condition of collapse. From such collapse, however, the patient rarely will rally, and, if he do, the very fact of rallying brings to life again the causal factor of the original shock, that is to say, the hemorrhage. However gloomy the outlook, it becomes the duty of the surgeon to open the abdomen at once, even in the presence of shock, and, by tying the bleeding point, to give the patient a chance to rally from the shock. Now, here rapidity of operating, associated with hot saline rectal and abdominal irrigation, is the *sine qua non* to success in a fair proportion of cases. Over-stimulation by hypodermatic injection of digitalis, whisky, brandy or camphor and ether is to be rigidly avoided, since the only result is the production of more profuse hemorrhage. After the bleeding point has been tied, then is the time for our habitual stimulants. Before operation they do harm, and our chief reliance should be on the hot saline irrigations, which make up the loss of blood in

addition to stimulating the peripheral ends of the centripetal nerves. Thus carrying an impulse to the central nervous system, which is then reflected back to the heart and vascular mechanism, improving the cardiac action and arterial tone with little or no danger of overstimulation.

Where the acute condition of shock is due to invasion of the system by toxic material, which profoundly depresses the nerve centers, the rule should be as absolute—to seek out the focus of septic infection and to remove it. Otherwise the sepsis simply deepens, and the outlook becomes gloomier. Indeed, the day will come when a proportion of septic cases now lost on account of indecision will be saved through speedy action of an operative nature, thus forestalling the profound shock, which is the constant associate of intense infection. Here again the adjuvant nature of hot saline injections should ever be borne in mind.

The sum-total of this whole question, evidently, is that as we recognize more fully the exact factors at work in the production and in the maintenance of shock, we will approximate a rational treatment, instead of resorting to the haphazard methods of indiscriminate and injudicious stimulation, which have carried weight in the past, and which, indeed, are still taught by high authority.—*Editorial American Medico-Surgical Bulletin.*

EXAMINATION OF THE ULNAR SYMPTOMS IN THE INSANE.

In 1894 Biernacki called attention to analgesia of the trunk of the ulnar as a symptom characteristic of locomotor ataxia. Shortly afterward Cramer concluded that among the insane, with few exceptions, this symptom was limited to the subjects of general paralysis. The mode of testing is by pressure on the nerve in the intercondyloid notch at the elbow, and noting the effects as to pain or parasthesia in the distribution of the nerve.

Goebel finds a difference between men and women; 87 per cent. of the male cases of general paresis examined by him presented a double-sided ulnar analgesia. The symptom is not at all constant in females, and so with them cannot be utilized as a diagnostic aid. But among men suspected of general paresis the author regards it as a pathognomonic sign of great value. It may also be utilized for the detection of malingering. As ulnar analgesia is also frequently found in epileptics, its presence is useful for a diagnosis between the convulsions of epilepsy and those of hysteria.

The symptom is not, however, limited to general paresis and epilepsy; for it was found in 43 per cent. of the asylum inmates, exclusive of the general paretics, examined by Goebel.—*Ibid.*

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Editorial.

The Winston Meeting.

Only a week will intervene between the time of this issue and the meeting of the Society. There is evidence that this meeting will be one of the most successful the Society has ever held, both from a scientific and social standpoint. The local committee of arrangements have been busy and have everything in readiness for the meeting, being prepared to entertain a large delegation. The hotels have made an especially considerate rate, the prices being, where more than one occupy the same room, \$1.50 per diem at the Phoenix and \$1.25 at Hotel Jones. The usual reduction in railroad fares will be made.

The section of the State in the immediate neighborhood of Winston is not as well represented in the Society as it should be, and the Secretary

has, therefore, issued to many of the leading physicians in the counties in this section special invitations to attend the meeting. We hope that many will take advantage of the nearness of the Society to their homes, to lay aside their duties for one or two days, at least, and attend the meeting. Every physician in the State should take an interest in advancing the welfare of his profession, and this welfare can only be promoted through the organized efforts of a recognized association which the people know represents the best and most progressive among the profession. Those who are and those who are not members enjoy alike the advantages resulting from the Society's work; but those who are not members cannot have the satisfaction of feeling that their names have had any influence in the accomplishment of

these results. They are only reaping the fruits of other men's labors. Were it not for the direct efforts of the Society the State would be overrun with quacks and charlatans as are those unfortunate States which have no medical laws. There are many other reforms needed, however, and to accomplish these we need a united profession. Let each physician in the State, then, bend his shoulder to the wheel and do his part in the accomplishment of these ends, and not hold off to enjoy the pie they have not helped in making. The expense attached to becoming a member is insignificant. The initiation fee is only \$5 and this pays the dues for the first year. To keep up membership costs only \$2 a year, which amount can be forwarded by mail to the Treasurer when the member is unable to attend the meeting. Truly this would be no hardship on any one, and if paid each year would never be felt. To become a member it is necessary to be present at the meeting and sign the Constitution. The Committee on Credentials is appointed immediately after the opening of the first session, sits constantly and makes reports to the Society at frequent intervals, so that one may be admitted to membership within a few hours after his arrival.

There have been announced a number of papers from prominent members upon varied and interesting subjects. We are pleased to note that most authors have favorably considered our suggestion to request some special member to open the discussion upon their papers. This will

ensure a greater interest in the papers, for oftentimes a valuable paper, intended especially to incite discussion, falls flat because each one waits for some one else to start the ball.

Dr. H. A. Royster, the Leader of Debate, has announced as the subject chosen for discussion "Is there in North Carolina a Continued Fever which is neither Typhoid nor Malarial?" This is a subject which has caused much discussion in meetings of the Society, as it would, in the course of the general proceedings, rise to the surface. There is much diversity of opinion in regard to it, but we believe the conclusions generally have been based more upon prejudiced opinion and superficial observation than upon close scientific investigation. With the advances in our knowledge of bacteriology and the causes of disease, and increased familiarity in the methods of microscopical examinations we look for a more satisfactory and instructive discussion of this most important subject.

Railway Surgery Association.

Advantage will be taken of the presence in Atlanta of a large number of surgeons of the Southern and Alabama Great Southern Railroads, during the meeting of the American Medical Association, to organize an Association of the Surgeons of these two systems. The meeting for organization will be held on May 4th. The Southern will give an excursion to Lithia Springs, Ga., complimentary to the A. M. A., on the occasion of

an old fashioned "Georgia Barbecue." "A limited number of distinguished members" of the Association will be given an excursion on May 8th to Lookout Mountain and Tate Epsom Springs, Tenn., Hot Springs, Asheville, and the "Land of the Sky," in

North Carolina returning to Atlanta. For this excursion Pullman sleeping cars and other accommodations will be supplied for the invited guests and illustrated souvenir pamphlets will be furnished, giving full description of the points to be visited.

Reviews and Book Notices.

A Text-Book Upon the Pathogenic Bacteria for Students of Medicine and Surgery. By Joseph McFarland, M.D., Demonstrator of Pathological Histology and Lecturer on Bacteriology in the Medical Department of the University of Pennsylvania, etc., etc. With 113 illustrations. Cloth, royal octavo, 359 pages. Price \$2.50 net. W. B. Saunders, Philadelphia.

This volume is divided into two parts, the first devoted to General Considerations, and the second to Specific Diseases and their Bacteria. Part I. discusses the theory of immunity and susceptibility, the biology of bacteria, sterilization and disinfection, and the technique of collecting bacteria, cultivating colonies, experimenting upon animals, and includes chapters on bacteriologic examination of air, water and soil. The chapter on immunity and susceptibility is very interesting, all the modern theories regarding immunity being considered. As one would expect, the author concludes "that no single theory thus far advanced can explain immunity. Acquired immunity may depend in the great majority of cases upon antitoxins, but as yet we have no satisfactory explanation of natural immunity. The humoral

theory may be applicable in some cases; in others one cannot deny the importance of the rôle played by the phagocytes." This whole section is most admirably prepared and will be found a most useful guide to one who is a student of microscopy and bacteriology. It is well illustrated and the author make such suggestions in regard to apparatus and has entered into such detail in regard to the subject generally as will be sure to be appreciated by the beginner.

Part II. is divided into sub-sections: A. The Phlogistic Diseases; B. The Toxic Diseases; and C. The Septic Diseases. In the case of each disease the germ is studied as to its history, habits mode of ingress, and the methods of collecting, cultivating, staining and observing. In those cases when the recognized germ of a certain disease is apt to be confounded with non-pathogenic germs, the latter are also described.

The work will take an important position as a text-book, both for students and practitioners. The mechanical work is excellent and in keeping with the publishers usual style.

A Treatise on the Diseases of Infancy and Childhood. By J. Lewis Smith, M.D., Clinical Professor of Diseases of Children in the Bellevue Hospital Medical College, New York. New (8th) edition, thoroughly revised and rewritten and much enlarged. Handsome octavo of 983 pages, with 273 illustrations and 4 full-page plates. Cloth, \$4.50; leather \$5.50. Lea Brothers & Co., Publishers. New York and Philadelphia, 1896.

For many years Smith on children has been the leading text-book and reference-book upon this branch of medicine. Every medical practitioner feels that he would ever like to have this safe counsellor by his side. This is the eighth edition of the work and has been rewritten in large part, with the addition of new chapters which have brought the work up to the most recent advances in our knowledge of the etiology, pathology, and treatment of diseases in children. The author has improved the work by securing the assistance of Professor Stephen Smith, to whom has been entrusted the discussion of surgical diseases of children.

One naturally turns to the treatment of diphtheria in a recent book on diseases of children to learn what

the author thinks of the serum treatment. In this instance the author expresses no very decided opinion one way or the other. He says "The remedies which we have mentioned are in my opinion the most efficacious and safest of those which pharmacy has heretofore furnished, but a new remedy, known as "antitoxin," has been so highly extolled by many eminent physicians as a remedy for diphtheria, that this new remedy demands attention if not employment wherever this fatal malady occurs." He reviews the statistics of various writers, but gives only a small collection of thirty-one cases from his personal experience with the remedy at the New York Foundling Hospital. Of these seventeen were fatal, though he says fourteen of these deaths were due to broncho-pneumonia or broncho-pneumonia and croup.

Many new cuts and several full-page plates have been added. The matter is increased by more than one hundred pages, and at the same time there has been much condensation of such matter as has lost some of its importance since the last edition of the work.

Abstracts.

THE QUESTION OF OPERATING IN CHRONIC CLAUCOMA.—Priestly Smith (*Brit. Med. Jour*). The author, in the discussion on this subject, concludes as follows:

1. It is right to operate at any stage of the disease so long as there

is vision, and the general condition of the patient warrants it.

2. The immediate safety of the eye depends on the avoidance of injury or displacement of the lens, and deep-seated hemorrhage. Making a scleral puncture to slacken the eye

immediately before the iridectomy is a valuable safeguard against injury of the lens. The patient should be kept quiet.

3. The ultimate success of the operation depends largely on the formation of a permanent sub-conjunctival fistula, which keeps the eye slack.

4. Permanent retention of vision is not always secured by operation, especially if the optic nerves be partly atrophic.—*Am. Med. Surg. Bulletin.*

TYPHOID FEVER IN CHILDHOOD.—(*Boston Med. and Surg. Journal*). In a series of 3680 cases of typhoid fever in the Boston City Hospital during the last 13 years, there were 284 cases in children under 15 years. Of these 1 per cent. were under 5 years, and 27 per cent. from 5 to 10. These figures differ from the percentage found in the collected cases of Hensch, Roeth, Earl, Schmidt, and Wolberg, who, out of 686 cases of typhoid fever in childhood, report 11.5 per cent. under 5, and 48 per cent. under 10. While inferring from his own statistics that cases of typhoid are rare in children under 2 years, probably on account of the lack of exposure of infants during the nursing period, the author admits that the small number of cases on record is chiefly due to the fact that the cases, when they do occur, are generally not recognized.

The writer makes a careful analysis of all the symptoms of the disease in *childhood*, but fails to give any new or valuable information that will make it possible to diagnose the obscure

cases under 3 years from bronchopneumonia with indefinite physical signs, a long-continued gastro-enteritis, or a subacute meningitis, which three conditions mask many cases of enteric fever in infancy. Of his own three cases under 5, who were $2\frac{1}{2}$, 3, and $3\frac{1}{2}$ years old, the onset was slow in 2 cases and acute in 1. The fever lasted 10, 20, and 21 days, respectively; the tongue was coated in 1 case, there was no vomiting, all had diarrhoea; distention of the abdomen was present in 2 cases, slight tenderness in 1 case.

Rose-spots were present in two cases, absent in one. Enlargement of the spleen and mild bronchitis in one case, severe bronchitis which masked the other symptoms in another. Headache in one case. Stupid mental condition in two, the third having opisthotonos and spells of loud crying. All recovered without relapses. Otitis media complicated one case.

The author concludes that typhoid is about as frequent in children from 5 to 10 as in older children. The mortality in cases under fifteen is about 6 per cent., or half that in adults. The rate of mortality increases directly with the age. The course is shorter and less severe than in adults; this, as well as the low mortality, being due to the slight intensity of the intestinal lesions. The severity increases directly with the age. The onset is acute in about one-third of the cases in the second five years and in about one-fifth of in the third five years. Nose-bleed occurs in about 50 per cent. of all

cases and is often severe. The average duration of the fever is a little less than three weeks, being somewhat shorter in younger than in older children. The proportion of cases in which the duration is not more than ten days is twice as great in children under ten as in those over ten. The temperature curve is less typical than in adults. The remittent second stage is absent in more than 50 per cent. of the cases under ten and in 40 per cent. of those between ten and fifteen. Relapses are nearly as frequent in children as in adults and follow the same course. The tongue is rarely as dry as in adults. Vomiting is a common initial symptom and is not very infrequent during the course of the disease. It is not an unfavorable symptom. Constipation is more common than diarrhea, especially in younger children. Distention is present in from 50 to 70 per cent. of all cases, and is more common in younger children. It is not infrequently extreme. Tenderness is present in about half of the cases, but is rarely very marked. Hemorrhage is very rare under ten years, and much less common above that age than in adult life. It is fatal in about half of the cases. Perforation is extremely uncommon. Rose-spots are present in from 60 to 70 per cent. of all cases. The spleen can be demonstrated clinically to be enlarged in from 80 to 90 per cent. of all cases. This enlargement is usually moderate, but may be extreme, more commonly in young children. Clinical bronchitis occurs in about 40 per cent. of all cases. In some cases it may mask

the abdominal symptoms, especially in younger children. Other pulmonary complications are rare. Headache is complained of in about 75 per cent. of all cases, but is rarely severe. Marked nervous symptoms occur in at least 25 per cent. and are equally common at all ages. The condition is one of stupor in from 15 per cent. to 25 per cent., and of delirium in the remainder. The delirium is more commonly active. Crying out at night is common, especially in young children. Meningeal symptoms are not infrequent, and are more common in young subjects. Neuritis occurs, probably, more often than is supposed. Albuminuria is common and occurs with equal frequency at all ages. Serious renal complications are rare, especially in young children. —*Ibid.*

NEW OPERATIONS FOR THE CURE OF UTERINE FLEXIONS.—Nourse (*American Journal of Obstetrics, January, 1896*) describes a new operation for the radical relief of uterine flexions. He splits the cervix transversely up to the angle of flexion, then straightens the uterus and sews the severed cervix together in the straightened position. The lip which corresponds to the convexity of the flexion then slightly overlaps the other at the os externum; but Nourse states that this projection disappears in a few months. The author believes this operation practicable for all cases, except those in which there is pus in the pelvis. He reports three cases of uncomplicated flexion in which the operation was successful.—*Boston Med. and Surg. Jour.*

INTRAUTERINE PHOTOGRAPHY.—Pinard (*Bull. de l'Acad. de Med.*, No. 10, 1896) reported as the first intra-uterine use of Roentgen's rays an experiment carried out by Varnier and Chappuis on the uterus of a woman who died of pernicious anæmia in December, 1894, being then three months and a half pregnant. The specimen had been frozen and divided by two sagittal cuts, and preserved in spirit, and the surfaces were accurately adjusted and secured by rubber bands. The cavity of the uterus appeared clear in the centre of the photograph, the outline of the specimen was distinct, and the inequalities in the thickness of the muscular wall could in parts be detected; the picture was crossed by two light vertical lines, the lines of section, and two dark horizontal bars representing the rubber rings. At the upper and right side of the cavity the fœtus could be seen lying head downwards and extending from the fundus to within about 4 c.cm. of the lowest part of the inferior segment; the head was flexed on the thorax and completely in profile, but the ribs and spinal column, which came out very black, showed that the trunk lay obliquely to the right and backwards. The outline of the neck, occiput, vertex, and forehead was well marked, that of the nose and mouth and chin not so distinct. Near the elbow of one of the arms, flexed with the hand on the forehead, two parallel dark bands indicated the radius and ulna, and the lower part of one thigh with the knee and lower leg and the dark shadow of the femur were quite evi-

dent. Both walls of the gravid uterus, the bladder, placenta, rectum, and fatty tissue had proved more permeable to the X rays than the rubber bands of 5 mm. in thickness, and in the photograph shown the fœtus and its position were more distinctly seen than through the unbroken membranes of an aborted ovum. It is probable that the uterine wall will be as easily traversed by the X-rays when recent and full of blood as when hardened in alcohol, and that the position and attitude of the fœtus can thus be ascertained in *post-mortem* specimens without freezing, and so interfering with their microscopical examination.—E. P. Davis (*Am. Jour. Med. Sci.*, March 1896) records attempts to skiagraph a fœtus of eight months and a half *in utero*; the first with a lead diaphragm and one hour's exposure gave no result; the second with an eclipse plate, no diaphragm, and seventy-five minutes' exposure gave a faint outline of the fœtus—the dark shadow of the pelvis upwards and to the right. There was no outline of the skeleton, and the skull was hidden by the pelvis. Neither mother nor child was affected by the rays.—*Brit. Med. Jour.*

REGENERATION OF THE ENDOMETRIUM AFTER CURETTAGE.—Werth (*Archiv für Gynäkologie*) has made an extended microscopical study of this subject, and considers especially its practical relations. Even after careful curetting, it is rare to find a really thorough removal of the mucous membrane, islets of which are commonly left intact, while at other spots,

even the submucous muscular tissue is removed. He emphasizes the importance of using a small curette during at least a portion of the operation and of having the shank flexible, so that it may be possible to pass the blade well up into the cornua, and along narrow portions at the lateral edges of the viscus. He has found that the islets of intact mucous membrane are quickly surrounded by new epithelium, and that in this process they are apt to lose their abnormal character. He finds that the recurrence of a diseased condition after curettage is more dependent upon the thoroughness of the curetting, provided, at least, that this is reasonably well done. When there is marked hyperplasia and the glands penetrate deeply into the muscular layer, the most vigorous scraping is apt to be followed by a recurrence: but even in this condition, if the curettage is followed by a caustic application, the recurrence is rendered unlikely. He concludes that since it is impossible to distinguish the degree of hyperplasia by clinical evidence, it is better to cauterize in every case after completing the curettage.

[It is to be remembered that this procedure has sometimes resulted in an obliteration of the uterine cavity.]

—*Boston Med. and Surg. Jour.*

AN OPERATION FOR THE CURE OF INCONTINENCE OF URINE IN THE FEMALE.—Gilliam (*American Journal of Obstetrics February, 1896*) reports four cures of aggravated cases of the above distressing complaint, by a new operation; three occurring in his own

practice, one in that of his colleague, Professor Thomas C. Hoover. The operation was suggested to Gilliam by an examination of a girl of eighteen years who had suffered from incontinence from infancy, and in whom he found an anomalous band attached to the urethra near the meatus, and spreading itself over the muscles of the anterior aspect of the vulvo-vaginal junction. This was clipped with the scissors, and the incontinence immediately disappeared. In other cases he failed to find the band, and not having fully appreciated what he now considers the etiological factor of the condition, failed to cure the cases; but finally after examining another patient, a girl of twenty-one, who had been through an infinity of treatment for incontinence, and failing to find any local cause, it occurred to him to free the urethral margins from the surrounding tissues. On placing her under an anesthetic, he found a membrane which occupied the position of the anterior segment of the hymen and was attached to the sides and under surface of the urethra. When put upon the stretch, it presented the appearance of wings. This membrane was excised, the excision was carried up along the urethra on either side for a distance of a third of an inch, and the raw surfaces closed by suture. The result was an immediate and complete cure. In Professor Hoover's case, there was a growth over the urethra, which was dissected out and resulted in a cure. Gilliam quotes another who has cured cases by making an incision on either side

of the meatus and introducing sutures parallel to the line of incision in such a way as to bring the line of union at right angles to that of the incision. The intention of this operator was to form a buttress of tissue on either side of the meatus so as to close it by mechanical pressure, but Gilliam believes that this operation, which was essentially that which he had performed, was effective as removing a source of reflex irritation, and not by a mechanical process. He quotes another case of extremely bad nocturnal enuresis in an adult in which his operation was equally successful. —*Ibid.*

THE STRENGTH OF VARIOUS DIPHTHERIA ANTITOXINS.—Under authority of the Statutes relating to food and drug inspection, the State Board of Health has examined such samples of diphtheria antitoxin as are offered for sale in Massachusetts, with the following results:

Serum No. 2, Behring. Bottle containing ten cubic centimetres of serum of an advertised strength of 1,000 units.

The test showed that the serum was up to the standard.

Serum of Parke, Davis & Co. Bottle guaranteed to contain ten cubic centimetres of a total strength of 1,000 units.

The test showed that the serum was up to the standard.

Serum No. 2 of Mulford & Co. The label states that the bottle contains ten cubic centimetres of a total strength of 1,000 units.

The test confirmed the statement, and showed the serum to be up to the guaranteed strength.

Serum of the Pasteur Institute of Paris, France (Roux). The circular states that the serum is at least 1 to 50,000 in strength. As this is considered equivalent to Behring's serum No. 1, the test was carried out with this strength in view. It was, however, found to be weaker than this. A second test showed that the ten cubic centimetres of serum contained a total of 500 antitoxic units instead of 600 units.

Gibier's Diphtheria Antitoxin, New York. The label states that the bottle contains 25 cubic centimetres of a total strength of 2,500 units. The test showed that the serum was far below this in strength. In a second test it was determined that the bottle contained from 625 to 650 units instead of 2,500, as advertised. The strength of this serum is thus a trifle below one-half of that of Behring's serum No. 1; ten cubic centimetres of Behring's serum No. 1 contain 600 units.

We understand that the samples were obtained directly from the producers or their agents.—*Boston Med. and Surg. Jour.*

Therapeutic Hints.

DIARRHŒA:

A serviceable prescription in cases of Watery Diarrhœa due to exposure, or exhaustion, or an irritant food, etc., is as follows:

℞—Acid. suph. aromat., f ̄ ss
 Olei cajuputi, gtt xl
 Ext. hæmatoxyli fl., f 3 ij
 Spt. chloroformi, f 3 j
 Syr. zingiberis, q.s. ad f ̄ iij.

M. Sig.—Teaspoonful in water every two or three hours.—*Coll. and Clinical Record.*

BICARBONATE OF SODIUM FOR COMMON COLDS.—Dr. L. Duncan Bulkley, of New York (*Medical Record*, January 18, 1896) claims that bicarbonate of sodium will control a cold, and asks the profession to give it a careful and fair trial. In commenting on this Dr. L. W. Zwisohn, of New York (*Medical Record*, February 15, 1896), states that he has tried the remedy for the last six years, and has found that it would not only cure a cold, but would also prevent future attacks; not that he kept his patients on bicarbonate of sodium, but he removed the cause, and that was the indigestion. He does not believe that the sodium bicarbonate cures the cold, but it cures the etiological factor, and the cold, which is a symptom of the indigestion, disappears. He has also found that when he cured the indigestion by other means the same good result followed. Following the theory that catarrhal inflammation of the mucous membranes is

caused by indigestion, he has tried the same treatment in chronic pharyngitis with very good results.—*Uni. Med. Jour.*

SCABIES.—The "Itch (scabies) is often hard to treat successfully. Sulphur ointment well rubbed in will often allay, but frequently fails of curing, because of the depth of the furrows made by the female acarus. It is therefore best, before the application of the ointment, to give the patient a thorough, hot bath, lasting half an hour, with a strongly alkaline soap, in order to soften the epidermis and uncover the burrow of the worm. The ointment may then be used with much benefit.—HARE.

WHAT IS INDICATED BY THE TONGUE.—A white tongue indicates febrile disturbance; a brown, moist tongue—indigestion; a brown, dry tongue—depression, blood-poisoning, typhoid fever; a red, moist tongue—inflammatory fever; a red, glazed tongue—general fever, loss of digestion; a tremulous, moist, and flabby tongue—feebleness, nervousness, a glazed tongue with blue appearance—tertiary syphilis.—*Medical Age.*

SOME GOOD EXPECTORANTS AND COUGH REMEDIES.—A good stimulating expectorant for adults: ℞ Apomorph. hydrochloratis, 1 grain; syr. ipecacuanhæ, 2 fluidrachms; syr. Tolutani, 1 fluidounce; aquæ dest., q.s. ad 3 fluidounces. Ft. mist. Sig.

A teaspoonful five times daily at four-hour intervals. Shake well before using. Prepare freshly as required and keep in a dark-colored bottle.

A good stimulating expectorant for every-day bronchial and phthisical coughs: \mathcal{R} Ammonii muriatis, 2 drachms; tincturæ opii camphoratæ, spiritus chloroformi, syr. ipecacuanhæ, aa 2 fluidrachms; syr. prun. Virginianæ, q. s. ad 3 fluidounces. M. Sig. :

A teaspoonful every three or four hours. Shake well before using.

For weak and fruitless cough with loss of bronchial power: \mathcal{R} Ammon. carbonatis, 1 to 2 drachms; tinct. tolutani, 2 fluidrachms; syr. senegæ, spiritus vini gallici, syr. simplicis, aa 4 fluidrachms; aquæ dest., q. s. ad 3 fluidounces. Ft. mist. Sig. : A teaspoonful in a little water every two, three, or four hours.—*Uni. Med. Jour.*

OFFICIAL LIST OF CHANGES IN THE PUBLIC SERVICE.

MARINE HOSPITAL SERVICE.

For fifteen days ending April 15, 1896.

Kinyoun, J. J., passed assistant surgeon, to proceed from Washington, D. C., to Wilmington Delaware for special temporary duty April 8, 1896.

Wertenbaker, C. P., passed assistant Surgeon, to proceed from Delaware Breakwater Quarantine to Wilmington, Del., for special temporary duty April 8, 1896.

Nydegger, J. A., assistant surgeon, leave of absence for two days, April 13, 1896.

Stewart, W. J. S., assistant surgeon, granted leave of absence for six days, April 6, 1896.

Norman Seaton, assistant surgeon, granted leave of absence for fifteen days, April 14, 1896.

Tabb, S. R., assistant surgeon, to proceed from Richmond, Va., to Chicago, Ill., for duty April 14, 1896.

Mathewson, H. S., assistant surgeon, to proceed from New York, N. Y., to Boston, Mass., for temporary duty April 6, 1896.

APPOINTMENTS.

Sherrard R. Tabb of Virginia, and Henry S. Mathewson of Conn., com-

missioned by the President as assistant surgeons, April 1, 1896.

THE NAVY.

For two weeks ending April 25, 1896.

April 17.—Assistant Surgeon C. M. DeValin, ordered to examination for promotion.

April 20.—Assistant Surgeon H. LaMotte, detached from the "Franklin" and granted four month's sick leave.

April 22.—Assistant Surgeon M. K. Johnson, detached from the Naval Laboratory and Department of Instruction and ordered to the "Franklin."

THE ARMY.

From April 2, 1896, to April 15, 1896.

Capt. Philip G. Wales, assistant surgeon now on duty at Fort McPherson, Georgia, will report in person to the commanding officer Fort Monroe, Virginia, for temporary duty at that post.

Capt. Francis J. Ives, assistant surgeon, is relieved from duty at Plattsburgh Barracks, New York, and ordered to St. Francis Barracks, Florida, for duty at that station relieving Maj. Daniel G. Caldwell, surgeon.

By direction of the President Maj.

Daniel G. Caldwell, surgeon, on being relieved from duty at St. Francis Barracks, Florida, will report in person to the president of the Army retiring board at Washington Barracks, D. C., for examination by the board.

Leave of absence for one month, to take effect on or about April 20, 1896,

is hereby granted to Capt. Ashton B. Heyl, assistant surgeon, United States Army, Fort Thomas, Kentucky.

Leave of absence for four months, to take effect on or about May 1, 1896, is granted Capt. Paul Shillock, assistant surgeon, Madison Barracks, New York.

NECROLOGY.

Some recent deaths among the physicians.

James West Roosevelt. M.D., aged 38 years, at New York, April 10. He was a young man of much ability and was in the midst of a most successful career.

Theo. Lamb, M.D., at Augusta, Ga., April 14.

J. G. Cabell, M.D., aged 80 years, at Richmond, Va., March 18. Dr. Cabell was one of the charter members of the Medical Society of Virginia.

A. H. Williams, M.D., at Hendersonville, Tenn., April 11. He was shot from ambush while on his professional rounds.

George Bridges, M.D., at Richmond, Va., April 13. He had made a special study of appendicitis and that disease was the cause of his death.

William Hunt, M.D., aged 71, at Philadelphia, April 17. He was for 30 years surgeon to the Pennsylvania Hospital.

James P. Parker, M.D., aged 42 at St. Louis, Mo. He was the editor of the *Annals of Aphtholomology and Otology*.

Miscellaneous Items.

Messrs. Bartlett, Garvens & Co., of Richmond, Va., and the E. A. Yarnall Co., of Philadelphia, each expect to have a representative at Winston with a select assortment of surgical instruments. You had better come prepared, doctor. And, by the way, do not overlook your good friend the JOURNAL.

Dr. John Aulde has resigned the editorship of the *American Therapist*.

We note the removal of Dr. J. S. Brown from Bear Poplar to Salisbury N. C.

At a recent meeting of the Philadelphia County Medical Society, a committee, consisting of Drs. John B. Roberts, James C. Wilson and William M. Welch was appointed to urge the holding of a semi-centennial celebration in 1897 by the American Medical Association and that Phila-

delphia be the place of the meeting. We hope the Association may favorably consider the proposition.

The New York *Medical Journal* records the marriages of no less than four physicians in New Orleans on the same day, April 8th. Dr. Andrew C. Achée to Miss Laura Scott; Dr. Louis D. Archinard to Miss Corinne DeVerges; Dr. Francis James Nearney to Miss Mathilde Marie Levert; Dr. William Wunderlich to Miss Eva Rainey. "Shall doctors marry?"

Messrs. Parke, Davis & Co., have issued a new price list for 1896, a copy of which has been placed upon our desk. It is gotten up in nice style as are all the productions of this favorite house. The different classes

of articles are on different colored paper so that each may be readily found, e.g., tablet triturates are on blue paper, soluble capsules on white and specialties on yellow. We suppose it will be furnished on application and know it will if you say you read the NORTH CAROLINA MEDICAL JOURNAL.

The appeal in the case of Kitson vs. Playfair will be heard in a short time. It will be remembered that Dr. Playfair was mulcted in the sum of about \$60,000 damages for informing the plaintiffs father-in-law (who was his own father-in-law) that he had found her suffering the effects of a recent abortion whereas her husband had not been in England for over a year.

Reading Notices.

HYDROCYANATE OF IRON (TILDEN'S) IN EPILEPSY.

By I. T. BATES, M.D., Glade Springs, Va.

Epilepsy is termed an affection of the nervous system, dependent on many causes, and pronounced very intractable if not incurable in the great majority of cases. The more subtle and occult the cause, the more obstinate has been the disease usually, and the more unpromising and unfavorable is the result.

The ordinary approved methods and remedies in my experience have been signal failures, their effect being to produce and hasten the very mental disturbances and physical decay which the disease itself likewise is sure to induce. And in the treatment of epilepsy it is with great satisfaction that we may leave the old beaten track, turning away from the demoralizing bromides to the adop-

tion of hydrocyanate of iron, which has a benign and reconstructive influence on the system, being pre-eminent a neurotic tonic and valuable in other diseases than the one under our consideration, particularly dyspepsia, gastralgia, neuralgia and anæmia appearing in neurasthenic subjects.

Hydrocyanate of iron (Tilden) some years ago enjoyed quite a reputation in the treatment of epilepsy, engaging the serious attention of many physicians, and its merits along this line elicited considerable literature, but for some reason it did not bear out their sanguine expectations, and consequently fell into disfavor and comparative disrepute as a remedy to combat this disease. Of late it has

been revived and again it has come to the front fulfilling its earlier promise. The maximum value of every remedial agent depends largely upon the perfection of its preparation, and the fact that this medicine now proves more effective and reliable than heretofore may be owing to improved methods of manipulation in the laboratory whereby the manufacturing chemist can supply a better article than formerly. My own experience with hydrocyanate of iron has been most gratifying and I believe it may well be our primary dependence in all cases of epilepsy save those that come within the realm of surgical interference. I give the following case, which, in this connection, seems to me of special interest and worthy of report in detail since it had so long baffled all treatment and yet so readily yielded to the hydrocyanate of iron.

A. B., male, aged 35 years, resident of Kansas, occupation house-painter, which he had followed for only two years, when he felt compelled to abandon it in consequence of frequent and prostrating epileptic seizures, thinking, possibly, there might exist between his vocation and his sickness the relation of cause and effect.

Later he engaged in the real estate business, but shortly was obliged to relinquish this also. The attack had regular periods, coming on every ten days and were very severe from the outset. In the convulsive stage he would froth at the mouth, bite his tongue and finally lapse into a quiet, unconscious state, in which he would remain from six to ten hours. With the return of consciousness he would be semi-dazed and this condition would last for several days, during which interval he suffered with a dull headache. Sometimes eight or ten convulsions would follow in rapid succession and then he would be confined to his bed continuously for three weeks.

The history of this person traces his epileptic state to no traumatic origin, nor does it reveal any habit, condition or inherited tendency sufficient to account for the disease. He was apparently in perfect health when first stricken down. The subtle undermining influence at work in his system may be termed "idiopathic," the least understood and the most difficult to overcome.

The initial seizure was in 1888. He has been treated by several physicians, one of whom was a specialist in New York. The paroxysms were so persistent, obstinate and progressive both in severity and length of duration that his medical advisers ceased to give him encouragement, and finally he relinquished all treatment and came east in 1894 in the hope a change of climate might benefit him. He did this as a *derniér resort*. After having been among the mountains of Virginia for a few months he noticed that the paroxysms, though recurring just as regularly, were somewhat less pronounced, and this revived his hope and renewed his grip on life and prospective business. But his encouragement was of short duration, for soon the paroxysms, instead of being confined to the night season, began to appear without warning during the day also. Disappointment and despondency now came over him because he was forced to the conviction of a gradual decline instead of radical improvement. His brief and delusive hope was to be accounted for, no doubt, by the kind attention of friends, such as he had not heretofore received in the west. Here they watched him night and day, and would change his position whenever they observed him going into a fit, which would have the effect to modify the attack. From the first his appetite was impaired, bowels constipated and confined, and a purgation was required about once a week. Continuously since the first

attack his body has been covered with yellowish blotches about an inch in diameter, which would assume a deep orange color just previous to his taking on a paroxysm.

Patient can give no information as to what the drugs were which he had taken. They always were liquids of a salty taste, and presumably they were bromides. He first consulted me October 20th, 1895. I prescribed:

R Hydrocyanate of iron tablets, $\frac{1}{2}$ gr. each, (Tilden's).

S. One tablet before meals, and as a digestive I ordered Elixir Maltopapsin after meals.

At this time the paroxysms were severe and coming on regularly every ten days, and their effect was perceptible on the countenance, which naturally strong and vivacious had become dull and expressionless. His memory, formerly good, was now very defective, and from day to day, he could barely recall the names of new acquaintances. His whole physical system was decidedly weakened and his mind comparatively inactive. His native ambition and will power had greatly degenerated and he was indolent, incline to eat and lie down, manifestly lacking disposition to take the exercise his health required. In the early part of 1895 he was offered an excellent position in a neighboring city, but he had no energy to avail himself of it.

Before taking my treatment he was nervous and restless every night until toward morning, when he would fall into a deep slumber, breathing heavily, and would awaken with a headache.

December 2d, and frequently since coming under my charge, he has called on me, always reporting progress and exemption from his convul-

sive attacks, though stating that at regular periods he would have slight monitions of the same, such as a momentary dizziness or passing headache, symptoms just enough to make him apprehensive.

January 1, 1896. About this time I ordered an additional tablet at bedtime. The concurrent testimony of his immediate friends is that he is markedly improved both physically and mentally, and he is now applying for a business situation. His facial expression and entire physique have undergone such alteration for the better as to elicit favorable comment from the most casual observer, and he declares himself "made over new." His appetite is good, his flesh harder, his weight much increased. He now sleeps easily as a child with no labored breathing, and awakens rested and refreshed.

January 15th. The blotches referred to have entirely disappeared, and he has had no severe convulsion since the commencement of my treatment. His only convulsive attack occurred December 27, 1895, and was a very light one and of short duration, from which he rallied quickly. The spell now seems broken, for since this there have been no symptoms whatever, and he is now engaged as "weigh-master" and assistant book-keeper in a large manufacturing plant, having entered upon this position January 9th. In his own confidence he has assumed these business responsibilities without my consent or approval.

I shall advise the continuance of present treatment for at least the space of twelve months, never deeming it wise in epilepsy to relinquish combative measures within a shorter period than this after the malady has ceased to manifest itself.

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Original Communications.

PRESIDENT'S ADDRESS.*

By R. L. PAYNE, M.D., Lexington, N. C.†

Gentlemen of the North Carolina Medical Society:

In accordance with custom it becomes my duty to address to you a few remarks on this occasion, but first let me once more thank you for the high honor conferred on me in electing me your President and let me also bespeak your kind indulgence, your aid and sympathy while I attempt to discharge the duties of my office. The day I took your gavel and felt that for a time you had placed the destiny of this grand old Society in a great measure in my hands was the proudest of my life and in the years to come "the greenest spot in memories waste," will be the thought that you, the most self-sacrificing, the most learned, the most chivalrous, the grandest of all organized bodies in the old North State conferred on me the highest honor in your gift. And yet with all this sense of pride is mingled the bitterest feeling of my own unfitness for the task you have laid upon me and so once more I beg that you sustain me with your counsel, and that you bear with mine "oft infirmity." Another year with its joys and sorrows, its successes and failures, has drawn to a close and once more we come together in joyous reunion of friend with friend, our hearts bounding with pleasure and our souls filled with noble purpose to advance the best interests of our grand old profession while we seek new light and better methods for the healing of disease. It is true that virtue brings its own reward and organized, as this Society was, alone for the advancement of medical science, have you ever paused to think how much it is doing for us in other ways? Have you ever thought how much of stand-

*Read before the Medical Society, May 12, 1896.

ing in your profession both at home and abroad it gives you to be known as a member of the North Carolina Medical Society? Do you know that although we have no large cities and hospitals, and, hence, no opportunity for any one physician to rise to preeminence yet the rank and file of North Carolina doctors is unequalled by that of any other State in the union, and all of this is due to the far reaching work of your Society through her Boards of Medical Examiners. But apart from things material, have you ever paused to think how much this Society is doing for us in other ways? If you have been forced to remain at home from one of its meetings have you not felt a something lacking in your life all the year until at the next annual meeting the unknown want was filled as you clasped in your hand the hand of your friend, and, laying aside for the nonce the pill box and scapel, you took brief respite from your labors with those who like yourself have borne the heat and burden of daily conflict with disease and death? You may seek diversion in any one of a thousand ways; you may spend weeks in places of public resort, the sea-side, the mountains, in pleasures halls with song and dance and wine, and while you gain some respite from toil and care yet no diversion is so restful to the physician as social intercourse with his fellows, because they alone can know the full significance of his triumphs, the full weight of his burden of unrequited and unappreciated toil and care and so in social intercourse with these,

"Some chord in unison with what we hear
Is touched within us, and the heart replies."

Oh, this strange thing called sympathy, how it woos us and wins: how it brings like to like, how it lightens our sorrows and dispels our gloom.

"It is the silver link, the silken tie
Which heart to heart and mind to mind
In body and in soul can bind."

Did you ever think of the inspiration to renewed exertion and nobler effort that you catch in our sessions? Did you ever realize how the simple contact with the bright minds and improved methods of our fellows brushes away the rust from our own minds and fills us with desire to investigate new fields of thought and to pursue more rational plans in the treatment of disease? Oh, my fellow members if you have never paused to think, you have never realized all the refreshing and renovating influences brought into your lives by these few days snatched from the busy, toil-laden months of the year. To me at least attendance upon your meetings has been a perennial dip into the fountain of youth, reviving my ambitions and bringing once more into view—perhaps only on the distant horizon of life—many lost hopes. But let us take a less selfish view and ask ourselves what is this Society doing for the cause of humanity. Here too, the record is a grand one. The child of old, slow, North Carolina, though she be, we find your Society doing pioneer

work in the matter of medical education, for as you well know, as the result of the wise efforts of the members of this Society, North Carolina enacted the first practical medical law ever enrolled in the legal statutes of this country and though for years she stood alone, upholding the banner of higher medical education, yet her silent influence has gone abroad in the land until now in almost every State and Territory in these United States may be found some sort of medical law having for its object the protection of sick and suffering humanity from the hand of incompetence. Think too, of how through the same influence the standard of the medical profession in the Old North State has been raised so high that it is a badge of distinction to be known as a 'North Carolina doctor,' and the requirements of your Examining Board are so rigid that it is said in some of the medical schools North Carolina students are given special training lest their graduates bring disgrace upon their Diplomas. In this connection, however, I wish to call attention to a danger that is menacing your Board of Examiners as well as your Society. Under present methods two new members of the Boards, are elected every two years and just here is a source of danger. With a constantly changing ensemble your Board of Examiners can never be so thoroughly organized as when changes were only made every six years. With a contest every two years for this highest honor in the gift of this Society the spirit of the politician is creeping into our sessions and is menacing the character of your Board of Examiners, for woe betide the profession of our State if the day should ever come when a man can be elected to a place on our Board of Medical Examiners because he is skilled in the practices of the ward politician, or for any other reason than personal fitness for the grave duties that devolve upon him. Furthermore, I believe it is a question whether under the wording of the act creating a Board of Medical Examiners we have a legal right to elect a Board in sections and for these reasons I most earnestly beg that you carefully consider the question of once more electing your Boards of Examiners to serve continuously a period of six years. Again, in spite of our excellent medical law and the work done by your Board of Examiners there are still a large number of illegal practitioners in North Carolina who should be forced to comply with the law or leave the State. This fact is partly due to the ignorance of the people at large and in some instances perhaps—and I say it with shame—to the fact that these illegal practitioners have been afforded the moral support of consultation with legalized practitioners, aye; even with some high in repute in this Society, and the fact is apparent that unless this Society take some action in this matter many years must elapse before the Augean Stables will be cleansed. What we need is not more legislation but a more rigid enforcement of existing law. Illegal practitioners should be prosecuted to the full extent of the law and the question is how is this to be done? Grand Juries are often too ignorant of

the law to prosecute for anything except the plainest felonies, unless there be some guiding hand; and the State's Solicitors are often too afraid of personal popularity to even permit themselves to know that a doctor, possessed of a little practice and a little influence, is a criminal under the law.

The doctors of any given community hesitate to prosecute their illegal competitors because the community at large would be apt to look upon the action as the outcome of jealousy, and a great hue and cry of oppression would be raised to aid the escape of the criminal and bring patients to his doors. How then, is the law to be made effectual as a protection to a public incompetent to judge, as well as to those members of the profession who are themselves law-abiding citizens?

I know of no better way than that this Society should appoint a committee for the State at large, whose duty it shall be to report all persons practising in violation of the law, together with such evidence of the fact, names of witnesses, etc., that they may be able to obtain, to the solicitors of the different courts of the State and see that these offenders are brought to justice. It would be very easy then for the physicians of the different counties of the State to report to your Committee on Illegal Practitioners any violation of the medical practice act, giving time, place and circumstance, together with the names of the necessary witnesses, and this seems to me to be the most feasible plan which can in most instances be adopted to bring this class of offenders to justice.

A few words as to the North Carolina Board of Health, I trust will not be untimely. Daughter as she is of this Society, we are proud to know that the hearts of our fellows have been so moved by philanthropy as to seek the establishment of the Board of Health, but it is a question personal to each one of us to-day "Have I done my duty in sustaining and perfecting the usefulness of the Board of Health?" For most of us the answer would be "no" and the burden should lie upon your and my conscience. The law creating the Board of Health was enacted more than eighteen years ago as a result of enthusiastic effort on the part of a committee of your fellows. I—a medical student then—was present at your meeting in Salem when your committee reported the results of their labors and well do I remember with what enthusiasm that report was received.

All felt that North Carolina physicians had taken another step forward into the very jaw of progress, and well do I remember how it was thought the Society conferred its highest honor on poor old Dr. Satchwell, as a reward for his strenuous efforts to obtain the passage of the Health Law, by electing him to the proud position of President of the Board of Health. To-day, gentlemen of the Society, what is your Board of Health? A puling dwarf, a half-starved infant, scarce out of its swaddling clothes, making feeble, tottering efforts to walk, yet scarce able to make a step, the North Carolina

Board of Health stands to-day the monument of your neglect. These remarks are intended in no sense to reflect on those of your fellows whom you have elected to form your Health Board, for what have they been able to accomplish in the face of your cold indifference. But you say it is no fault of the profession of the State; the fault lies in the inadequacy of the Health Law and the puerile appropriation for its administration. True gentlemen, the law is in many ways imperfect and the appropriation made to pay the expenses of the Board of Health is simply ridiculous. When we contemplate all the far reaching issues involved in the effort to promulgate the great principles of hygiene among our people, the suppression and prevention of death dealing epidemics and the study of the vital statistics and climatology of North Carolina we could almost believe the angels weep when they look upon the short-sighted policy of our quondam legislators; but none the less the question "Have I done my duty by the Board of Health" is one pregnant with meaning for you and for me. Have you ever looked over the Bulletin of the Board of Health and noticed how few physicians make monthly reports to the County Superintendents of Health? Do you know that even in the matter of reporting contagious diseases for quarantine that there is such reluctance on the part of many physicians that they are slow to declare a diagnosis lest they incur the displeasure of patrons who are unwilling to submit to the restraints of quarantine? What have you done to educate the public minds as to the necessity of placing contagious diseases under surveillance, and the protection of the public from disastrous epidemics, by the rigid quarantine of all persons liable to diffuse the contagion?

What have you done to aid in the work of gathering vital statistics; or what have you contributed to the study of our climatology? Most of us would have to answer, in reply to these questions, nothing; and yet we fail to realize that in this simple neglect of duty we are also robbing ourselves of patients and fees, for when once the low death-rate of North Carolina and her wonderful climate which, as we pass from her seashore to her mountain tops, combines all the advantages of the plains of Southern France with the mountain heights of Switzerland—when once this wonderful climate and low death-rate are understood, we will be the envied people of the world; our waste places will blossom as the rose and our whole State will be flooded with those who seek health in our borders and who will be only too glad in return for this boon to help push onward our car of progress. Let us each one resolve then to lay aside our apathy in these important matters. Let us do all in our power to make the Board of Health a potent factor for good in North Carolina not from any selfish motive, but for the great cause of humanity. If it be necessary, let us resolve even to make some self-sacrifice that the tide of disease and death may be stayed and the material interests of our grand old State be advanced. Before leaving the subject of the Board of Health

I would strongly urge that at the next meeting of our Legislature an effort be made to procure an amendment to the law requiring some sort of examination and registration of midwives. As matters now stand a large number of still-born children, a large per centage of the maternal mortality of childbirth and a still larger per centage of women whose health has been ruined is justly chargeable to the incompetence of mid-wives.

How many cases of purulent ophthalmia, leading to hapless blindness, are chargeable to the want of proper precaution on the part of the mid-wife? In how many cases of breech-presentation is the mid-wife competent to deliver the after-coming head? How many lives are lost from puerperal septicemia; from pyemia; from post-partum hemorrhage, due to the lack of aseptic method and general ignorance of these would-be doctors and, what is of still graver import, what a wail of agony is going up all over the land from women suffering from lacerated cervixes and perinnei; from septic endometritis and pyo-salpingitis; all due to the want of knowledge on the part of the mid-wives of the simplest principles of asepsis and antisepsis. There is no way to reach this matter except by legal enactment. The laity are too ignorant and I might almost say, too indifferent, to know the dangers they incur; and though it is perhaps not best, in the existing state of public opinion, to debar these old women from practice still the law should hedge the unborn babes and suffering mothers of the poorer classes in our communities with its protection, and require mid-wives to give some evidence of fitness for the grave duties they undertake to perform. You and I have a duty to discharge to humanity just here and the question is will we shirk it.

And now having touched lightly on certain medical matters which concern us in our own State I wish to add a few words concerning some growing evils which seem to me to affect the medical body politic at large. The Proprietary Medicine evil is growing apace and the question is why do physicians use proprietary medicines at all? Is not our materia medica filled with a sufficient variety of drugs? Are not our physicians sufficiently educated in the properties and uses of these drugs to combine them into pills and mixtures and wines and elixirs? Are not our pharmacists sufficiently grounded in their art to compound our prescriptions intelligently? The answer to these questions should be "yes," and if we cannot answer affirmatively then physicians and pharmacists alike need another course of study. But we need not argue this matter at all for we are bound to admit that the use of proprietary medicines is encouraged, not by any incompetence of either physicians or druggists, but simply by reason of the enterprising advertising of the manufacturers and the laziness of the physicians, and it is well that we should remember that this same laziness is fattening the large manufacturers while it damages the business of the physicians; often proves a source of evil to the suffering patient and robs the home pharmacist of the just rewards of his

labors. Many of them are incontinently bad. Most of them live only so long as they are widely advertised and while none of them are advertised save to the profession alone, all are put up in gaudy wrappers with fancy trade marks and it soon happens that—some how or other—the laity get hold of them, prescribe them for themselves and their friends, often doing great harm by mistaken use of the remedy and interfering materially with the legitimate rights of the physician. Again, the proprietary medicine is supposed to be prepared in certain definite proportions and the doctor is supposed to prescribe it for certain definite conditions and yet we all know that in the use of any given remedy we can rarely prescribe the same dose for any two consecutive patients; and so in the use of proprietary therapeutics we are often forced to inaccuracy of dosage for we all must admit that we cannot administer these medicines with much accuracy unless we adhere to the dose of the manufacturer. Finally the proprietary medicine is generally put up to contain a minimum dose of the drug to the drachm or ounce and so in administering these preparations we are often bound to give doses large in bulk, and as such things are usually sold at prices depending largely on bulk we often add unnecessarily to the expense of the patient. This is a subject which demands our sober thought, but time forbids that I should argue it further and so I pass on to notice the *book evil*. Holy writ tells us that there will a day come "when of making many books there will be no end" and it seems to us possible that especial reference must have been had to the American Medical Publishers of this nineteenth century. This is the day of medical systems; of special brochures; of new editions whose only merit in the way of *additions* consists too often in the introduction of "magnificent colored plates," as the publisher says, to illustrate the text and which the purchaser frequently finds to mean about two gaudy illustrations, whose chief characteristic is red coloring matter. There are too many new books published and what we need is not many books but better books. The spirit of the "shop" the "trade impulse" has gotten too strong a hold of our medical publishers and—alas, that I should feel compelled to say so—the medical profession are helping to foster this spirit by becoming *particeps criminis*, for it is all too apparent that much of the copy furnished is but an effort to give *quid pro quo*. No man should write a book or even an article for a Medical Journal unless he has something to say individually to the profession and yet much that is found in our great medical systems is but the veriest "hash," written frequently by mere tyro's in medicine, themselves entirely without experience, they are forced to cull *alone* from the experience of the fathers, and so buying the new books as they are issued we buy over and over again the same matter that has long lain unnoticed on our book shelves. The medical publishers are largely to blame for this sort of thing, for taking advantage of some poor fellows ambition or oftener, his necessities they have him grind out" an article for "filling in"

the great financial enterprise they are pushing forward to "*fill a long felt want*." There is entirely too much of this sort of thing; but we have only ourselves to blame, for if the profession were not so eager to buy the works of these enterprising publishers the market would be less filled with so much useless and unnecessary literature. Do not misunderstand me. When a man has anything original to say, by all means let him say it; but certainly it is not always necessary to write a special treatise, made up of all that has been written in the ages gone by upon the same subject, in order to introduce to the profession his own little idea or special method. In this connection it might be well to say just a word as to the total unreliability of a great deal of the medical journal literature of the day. A great deal of this is the product of ambitious pens, and is given to the world too soon, before the subject matter has been properly digested or the results of given methods sufficiently studied. For instance, some time ago I read an article reporting a brilliant plan of treatment for that scourge of infancy, cholera infantum. The report was based on the treatment of a single patient and the case given in detail. I happened to know all the facts in the case and the report was written during one of those temporary lulls in the severity of the symptoms during which the sanguine physician thought convalescence was established; but the night after the report was mailed to the journal the symptoms all returned and the little sufferer soon passed beyond the reach of human woe.

The report was published and who can tell how many innocent babes were sacrificed by those who read of this wonderful new treatment, and knowing nothing of its terrible results assayed to try the methods therein taught. In another case three laparotomies were reported as successes and yet had the writer but waited to know his results he would have written differently, for only one of these patients ultimately survived. These things have fallen within my own ken. How much of current medical literature is of the same character, not through any want of truthfulness on the part of those who write, but because much of current medical literature comes from young enthusiastic authors, too ambitious to wait and let time test their results, or perhaps too inexperienced to properly interpret the difference between cause and effect? And now, in concluding these desultory remarks, I wish very briefly to notice another growing evil and that is the passion for operative surgery, which seems to have seized upon us. That the knife is the greatest of all therapeutic agents has gotten to be a regular professional "fad" and not long ago, while on a visit to a little city, I was much amused to find every doctor I met was a laparotomist, and all seemed to think *this* was the *sine qua non* of professional standing. Alas, for those who still cling to the *materia medica*, "Othello's occupation's gone." In the transactions of the American Laryngological Association, 1895, Dr. F. H. Cosworth, of New York, reports a case of grave depressive melancholia cured by freeing, with a saw, the

nasal septum and middle turbinated bones of thickened tissues. Prior to the operation of Dr. Bosworth this patient, for the relief of his melancholia, had at different times been operated on for varicocele, stricture, ligation of the pudic artery, castration and hemorrhoids. He had worn glasses, had his eye muscles cut and one eye enucleated. He had been circumcised, had his spine cauterized and worn a seton in his neck; and now when this melancholic patient relapses from Dr. Bosworth's operation what is to be done for him? His ears could be cropped, his sphincter ani dilated according to the latest methods of the new specialty "orificial surgery" or forsooth, after all, a resort may at last be had to medicine and some skillful physician find all the ills of the poor wreck of the knife to be due to a torpid liver or a diseased stomach. I tell you gentlemen, tho' surgery has made grand strides in these latter days we are presuming too far upon the safety of modern methods and it is a serious question whether or not many mutilations executed by the surgeon of to-day do not fall within the category of malpractice. Spending some weeks lately in one of our large medical centers I was struck with the fact that each operator seemed desirous of exceeding all others in the boldness of his methods, and the anxiety to make another report of "my last fifty cases" seemed in some instances to almost outweigh every other consideration. The gravest operations were undertaken upon the slightest pretexts and a large number of the prominent operators were said to have a suit for malpractice on the tapis. I think in my own little experience I have seen many scores of ovaries removed whose macroscopical appearance gave no evidence of disease and well do I remember the agony of a poor husband whose wife had died under the "simple and comparatively safe" operation of vaginal hysterectomy and whose uterus was found subsequently by a distinguished microscopist to be free from malignant germs. Poor, long-suffering woman has been the greatest sufferer for it seems the day is yet far distant when the new operation for enlarged prostate will be popularized among our male patients and therefore in the names of the wives and mothers of the land I beg the modern surgeon to stay his ruthless hand. Do not misunderstand me gentlemen. I am a great believer in the surgeon's knife, but I dare not let this opportunity pass to raise a warning voice; for in my eyes one of the gravest dangers of the hour is the lack of conservatism.

And now my task is done. At the risk of being considered a pessimist I have spoken to you very plainly of some things which to me it seems are worthy of serious consideration. In many respects my message has been distasteful to me, but all that I have said has been spoken in loving duty to the grand old profession of the old North State of which I have always felt honored in being myself an humble member.

†Removed to 107 York St., Norfolk, Va.

OVARIAN ABSCESS WITH PYOSALPINX.

By L. S. McMURTRY, M. D., Professor of Gynecology in the Hospital College of Medicine, etc., Louisville, Ky.

The specimen which I present was removed this morning. It is a marked illustration of ovarian abscess with pyosalpinx; the involvement of the ovary evidently followed suppuration in the tube, both ovary and tube being converted into a sac.

The points to which I desire to call your attention are: The uterus was normal in size and maintained its proper position; the ovarian abscess was agglutinated to the sigmoid flexure of the colon and attached to the omentum with a mass of adhesions on the opposite side; that an operation per vaginam in a case of this kind could not possibly have overcome the adhesions and removed all the inflammatory products. You know that vaginal hysterectomy is now advocated and practiced by many operators for the cure of this condition of inflammatory disease. This woman had been in bed since last November with recurrent and extending peritonitis, suppurative fever and progressive emaciation, having become reduced in weight from 158 to 111 pounds. I operated by abdominal section this morning, removing only the diseased structures, but thoroughly. The wound was closed by the usual method, with glass drainage tube. All adhesions were separated, and I do not know of any operation that could have been more satisfactorily completed. The operation of vaginal hysterectomy considering the situation and extent of the adhesions would have been imperfect in this case; moreover, the uterus was not septic or otherwise diseased and was not removed.

DOUBLE OPTIC NEURITIS.*

By J. M. KRIM, M. D., Louisville, Ky.

I present this gentleman Mr. X. aet. 45 years of age for your examination; his case is interesting as well as unique as far as my experience goes. I have had him under observation about four weeks. According to the history I have been able to elicit, ten months ago, while sewing with a sewing machine, he was seized with intense pain in the abdomen. Three-quarters of an hour afterward a physician saw him and administered remedies which afforded relief, but an hour later the patient became blind and remained so for two or

*Read before the Louisville Clinical Society.

three hours. He gradually regained vision but it was somewhat blurred, and from that time on at intervals he has suffered with intense headache, starting as he says in the back part and coming forward to about the center of the cranium. He has been under treatment of various physicians in this city and in Cincinnati without any permanent relief; that is he would be partially free from pain for two or three days and sometimes for a few hours he would be entirely free from headache. For six weeks he says he had no pain, it then came on him again and he has not been free from it since. His eyesight was not completely restored but he could see sufficiently well to follow his work.

About five weeks ago he suddenly became totally blind, and has remained so ever since. His headache is to some extent relieved, but it comes on occasionally, lasting for a half hour to an hour then leaves him again. He has been under treatment with electricity in Cincinnati, galvano-cautery, blistering; he has been given iodide of potassium, etc. Several oculists of this city have examined him and they all come to the same conclusion—that he has double optic neuritis. As far as I get the family history from the patient, both his parents died from old age. There is no evidence of specific trouble. He has been a moderate drinker and a moderate smoker. His urine was examined four or five different times, the specific gravity being 1018 to 1020; once or twice a small quantity of sugar was found but not enough to give evidence of much kidney trouble. The quantity of urine passed on an average is about five pints in the twenty-four hours. His appetite is good, and he sleeps fairly well when sufficient relief from pain is obtained. His intellectual powers are not apparently impaired; there has never been any paralysis; he navigates fairly well but gets tired very quickly.

At the present time he is being given iodide of potassium in rather large doses—one-half ounce every twenty-four hours—and is not suffering nearly as much from the intense headache. The iodide given in the above quantity for three or four days seem to produce œdema of the glottis and difficult respiration, but by omitting several doses he is all right again.

DISCUSSION.

Dr. S. G. Dabney: I am sorry I did not hear Dr. Krim's description of the case. As far as the ocular condition is concerned he has inflammation of both optic nerves—double optic neuritis—and a very considerable choked disc, as it is called. It is true that so much importance is not now attached to that condition of the optic nerve, as was formerly the case. It was formerly thought that when the head of the nerve protruded, it was especially indicative of increased intra-cranial pressure, probably a tumor. Although that opinion is no longer held to the same extent, it is still true that marked protrusion of the head of the nerve in most cases is due to some disease increasing pressure within the skull. More often than anything else it is due to brain

tumor. Of course syphilis may produce it, independent of that. This man also had some hemorrhages into the retina. I did not get much of his history at the time I saw him on account of his not being able to speak English, and did not make a very thorough examination, but quite enough to be perfectly satisfied as to his condition—double optic neuritis. Inflammation of the optic nerve in brain disease, it was formerly thought, might be produced either by a descending neuritis, in which case the retina is most likely involved with the nerve, or by increased intra cranial pressure producing well-defined protrusion of the optic disc, the so-called choked disc. Much less influence is now attributed to this latter mode of causation than formerly.

Dr. W. L. Rodman: Has there been vomiting in this case?

Dr. J. M. Krim: No vomiting at all, not even nausea.

Dr. T. C. Evans: I examined this patient about four weeks ago; at that time he was blind,—at least his vision was reduced to a perception of light. It was rather a difficult case to examine with the ophthalmoscope—on account of the intense photophobia the eye could hardly be kept open long enough to make an ophthalmoscopic examination. At that time he had a decided optic neuritis in both eyes, with a more or less choked disc and with a considerable protrusion of the head of the nerve as Dr. Dabney has said; also a few hemorrhagic spots in the retina. It was impossible for me to get any history of the case, as he understands very little English and I do not speak German at all, consequently I could only get just what I could see. From the objective symptoms it was plainly a case of double optic neuritis. While he is not paralyzed in any way, still I noticed then the same as now that after sitting quietly for a short time, there is a peculiar sighing respiration; this, I think, is very significant.

In regard to the cause of optic neuritis—I believe the idea had been generally abandoned now that it is due to intra-cranial pressure. It was formerly thought that this was the cause, from the simple fact that cases have occurred with brain tumor, and the tumor itself was evidence that was due to intra-cranial pressure. Now it is recognized I think by most authorities as being due to an intercurrent affection, but just what produces the inflammation I do not know.

Dr. J. W. Irwin: What has been the rate of the pulse and temperature?

Dr. J. M. Krim: The temperature is practically normal, pulse rapid.

Dr. J. W. Irwin: This is certainly a very interesting case, and it is in line with one presented by Dr. Wm. Cheatham recently before the society in which the doctor had diagnosticated brain tumor; and at the same time the patient manifested very marked symptoms of locomotor ataxia. An investigation was made before the society and a pronounced absence of the patella tendon reflex was discovered. Subsequent examination developed the fact that there was no absence of this reflex. The case before us presents much

more pronounced evidences of brain tumor than the one shown by Dr. Cheatham. The expression of this man is striking, so also in his walk. In such cases we are apt to have paroxysmal pain, again absence of pain. This feature seems to be very marked in the case before us. It is hard to account for the sudden loss of sight in this case, coming on while using a sewing machine, possibly some effusion took place at that time producing localized pressure, but this view is surmise only. From the history of the case I am inclined to the belief that there is a small tumor near the base of the brain, pressing on the optic tract at some point far back, not being sufficiently large to produce disturbance of any other part. The trouble may possibly be caused by serious pressure due to chronic meningitis, which would in a measure account for the pain. The absence of fever does not prove that meningitis may not be present, but this and the symptoms present go to show that the meningitis is not extensive and if a factor it may be limited to the immediate surroundings of the neoplasm.

A CASE OF HÆMORRHAGIC PLEURISY.

By W. B. Cox, M.D., Landsford, Chester County, S. C.

On December 29, 1895, I was called to see Jim W., a negro, aged about twenty-nine, who in a difficulty with another negro had received a stab wound in the chest. I arrived about an hour afterwards and found him sitting in a chair in a country store with body bent forward and complaining of feeling sick. His pulse was small and slow; respiration slow; skin cool. The surroundings were such that I could not give him a hypodermic without losing valuable time; so I gave him *per oris* morph. Sulph. gr. $\frac{1}{4}$, atrop. sulph. gr. $\frac{1}{100}$, and strychn. sulph. gr. $\frac{1}{60}$. After scrubbing my probe well with turpentine (no other antiseptic was convenient), I carefully insinuated it into the track of the wound, and it glided smoothly into the pleural cavity between the second and third ribs on the right border of the sternum.

The wound was made with an ordinary pocket knife which struck the center of the sternum obliquely, and glancing entered the chest cavity as I have just described. Upon placing my ear to the chest, with nothing but a clean pocket handkerchief intervening, I could detect no abnormal sound. There was no cough or bloody expectoration. After mopping the wound and surrounding integument well with turpentine, I placed a soft cloth which was folded, saturated with turpentine and wrung out dry, on the wound, and ordered him removed to his home.

Four or five hours afterwards, I saw him again, and as there had been no

hemorrhage I closed the wound with silk sutures, dressed with iodoform, and iodoform gauze, having previously rendered everything aseptic with bichlorid mercury 1-4000. As it was an idle season of the year I told him to remain in bed for about a week and await developments. The wound healed kindly and no untoward symptoms developed. In about ten days I dismissed him from observation with instructions that if any untoward symptoms developed to notify me at once. About four or five days after I had dismissed him, he was taken with a severe pain in the chest, but did not send for me until forty-eight hours afterwards. When I saw him he was still suffering from some pain but not so severely as he had been. His temperature was 104; respiration, 40; cough with expectoration occasionally tinged with blood; pulse something over 100. There was dullness, on percussion, involving the whole right side. On auscultation with Camman's bin-aural stethoscope I could detect no respiratory sounds whatever—not even a bronchial sound. Upon inspection, there was no visible movement of the right side—the respiratory movements being confined altogether to the left.

I enveloped his whole chest in cotton batting; gave him 10 grs. calomel and soda, equal parts, with directions to take a heaping tablespoonful dose sulph. magnesia in four or five hours. Also left some five-grain capsules of sulph. quinine and four-grain powders of acetanilid, each to be given every six hours, but three hours apart. The next day his temperature was down to 101, and I discontinued the acetanilid, but kept up the quinine. After a few days I also gave him in addition to the quinine, whiskey, one ounce, every six hours. In about two weeks his temperature had subsided, and he expressed himself as feeling "very well;" was hungry and wanted to get up. That general dullness and rigidity of the whole right side, however, still remained; yet there was no bulging or obliteration of the intercostal spaces. I now gave him one heaping tablespoonful dose of sulphate of magnesia, in just sufficient water to dissolve it, to be taken before breakfast, with directions to drink no liquids whatever until it acted. The sulphate of magnesia, I gave him every other morning. I also gave him 15 grs. of iodid of potash three times a day after meals. I gave this treatment a thorough trial, but with no appreciable improvement. I then introduced a small aspirator needle attached to a small aspirator syringe, and obtained a fluid of a pale red color. With a rubber catheter, and a larger needle attached to the aspirator, the free end of the catheter being under water, I made an effort to draw off the effusion by utilizing the principle of a syphon, but with no success. Then with a Pautains aspirator I made several efforts with different size needles but they would invariably become clogged, and after all my efforts I only succeeded in withdrawing about one-half a pint. The patient's appetite was still good and about the only inconvenience he felt was a shortness of breath on exertion.

As I was quite busy at the time, I desisted from further efforts with the aspirator, and in about a week's time proposed an operation to which he consented. Having anesthetized him with ether and rendered everything aseptic, I made an incision about three inches long in the 8th intercostal space on the lateral aspect of the chest. Upon entering the pleural cavity a dark thick reddish fluid commenced gushing forth and continued until at least a half gallon or more had escaped—at least that was the quantity estimated by the by-standers, among whom were two physicians besides myself. With a fountain syringe, I thoroughly washed out the cavity with hot water, rendered sterile by boiling, introduced a rubber drainage tube, and covered it with iodoform and bichloride gauze in the order named, and all being secured by a broad bandage enveloping the chest. The patient reacted all right, but the next morning on removing the dressings, I found to my surprise that the drainage tube had slipped out. Finding the pleura united, I separated the adhesion with the handle of a scalpel, and washed out the cavity with a solution composed of iodine, gr. 48, iodide potash gr. 96, sterilized water one gallon. With a fountain syringe I would fill the cavity with this solution, and pump it out through a large soft rubber catheter attached to my Pautain's aspirator. This was repeated until the solution came away clear. I reintroduced the rubber drainage tube, but deeper this time, transfixing the external end with a long darning needle and securing needle to the tube with a silk thread. I then dressed as before with iodoform and bichloride gauze secured with a broad thoracic bandage. The work was completed about 11 o'clock, and the patient expressed himself as feeling "first rate." As I had done everything strictly antiseptically, I felt quite hopeful. But, about four hours afterwards, I was sent for in great haste the messenger saying the patient was in a "terrible fix." I responded to the call as quickly as possible. I found him with a weak and slightly accelerated pulse; axillary temperature normal; forehead and face cool and moist; body, upper and lower extremities warm and dry. Through the dressing could he distinctly heard a blowing sound that was synchronous with inspiration and expiration. I removed the dressings and the blowing sound increased in intensity. When I compressed the mouth of the drainage tube, it ceased. I kept up the pressure for a few moments, and he said he felt a little better. I then withdrew the tube, placed over the wound a thick compress of iodoform gauze, and secured it tightly with the broad thoracic bandage; gave him a hypodermic of morphine and atropine and left. When I returned the next morning, I found that the patient had slept well all night, in fact had gone to sleep in fifteen or twenty minutes after I had left the evening before, and was now feeling very well. His temperature was still normal; pulse 80, fuller and stronger than they had been at any time since his illness. On account of having withdrawn the tube the evening before, I again had to break up the

pleural adhesions in order to wash out the cavity. I washed it out with the same solution and in the same manner as on the day before, but this time introducing for a drain a strip of iodoform gauze. The following day I repeated the same procedure with the exception of breaking up the pleural adhesions. I now waited forty-eight hours and on withdrawing the gauze drain and irrigating the fluid came away just as clear as it was when it went in. I now discontinued the drainage and allowed the wound to heal by granulation which it did in about two weeks. The patient is now up and at work as a farm-laborer, and feels as well and works as well as he ever did. The resonance of the right side is still somewhat impaired, at least it was the last time I saw him which was more than three weeks ago.

In conclusion I will say that I have relied altogether on my memory in making this report, as I took no notes while treating the case.

Society Reports.

ROWAN COUNTY MEDICAL SOCIETY.

(Regular meeting held at Salisbury, N. C., April 13, 1896.)

President Dorsette in the chair.

The following new members were received into the Society; Dr. J. W. Littleton recently moved to Salisbury from Albermarle, Dr. Flippin of Thomasville, N. C., who will in a few weeks move to Salisbury; Dr. McNairy who recently began practicing at Faith, this county, and Dr. Ritzel of Woodleaf, this county.

Dr. C. M. Pool, who at the previous meeting in January, was appointed a committee of one to revise the constitution and bylaws of the Society made a report which was favorable and the revised constitution ordered printed and transmitted on book.

Dr. J. S. Brown, reporter on New Remedies, read a very interesting paper on

“ANTIPHTHISIN”—KLEBS.

He said: While Dr. Paquisn serum tubercle antitoxin and Dr. Edson aseptolin doubtless have some efficacy in the treatment of tuberculosis the weight of testimony will bear me out in the belief that the remedy par excellence is that evolved by the long honored patient investigator is specific tubercle therapy.

Chemically antiphthisin is a soza albumen obtained from a pure culture of tubercle bacilli. It is the germicidal minus the toxic element of tuberculin. More accurately tuberculin consists of a toxalbumen and toxic alkaloid in addition to a harmless immunizing albuminoid substance and the slightly immunizing and decidedly curative soza albumen, known better as antiphthisin that has been employed in the treatment of tuberculosis. We might reasonably expect more far reaching results from the combined use of the soza albumen and the immunizing albuminoid. Indeed it is not unanimously granted that antiphthisin is absolutely free from the other constituents of tuberculin, but it is so far so as to render it much less toxic, thereby allowing a much larger dose and, therefore, a much more efficient dose since the germicidal constituents are largely retained. It is claimed that in doses up to ten cubic centimetres, antiphthisin has no physiological effects, but I am sure that half a cubic centimetre will in some cases produce fever, malaise and headache. However, the susceptibility to the toxic influence diminishes with use, and after prolonged administration the dose of 10 c.c. may be safely reached. To quote Dr. Klebs on its specific action and limitation. "It destroys the virulency of the tubercle bacillus in the test tube and causes its destruction and disappearance in living tubercular tissue, the proliferated and degenerated cells returning to their normal condition. Acting through the blood, the intensity and rapidity of its effects depend upon the vascularity of the part; it has no direct effect upon dead, cheesy or necrotic tissue and can only slowly, with difficulty, or not at all act upon encapsulated tubercular tissue, or upon bacilli vegetating in the interior of cavities, especially cavities with dense and fibroid walls."

So that we may readily see that it is not a cure for advanced cases in which there are considerable cavities or large encapsulated necrotic tissue. Its proper sphere is in recent cases, in which it may be claimed to be a specific. And yet cases in advanced stages are often benefited by the action of the remedy on those parts of the lungs and other organs which have been attacked more recently, thus checking the progress of the disease or bringing it to a standstill or perhaps slowly advancing against it until Nature repairs the damage done and restores the victim to his wonted health. Let us turn from theory to practice. The case to be considered was examined early in October 1895, and in addition to advice as to hygiene was put on protonuclein. By the first of December the patient had gained four pounds in weight, from 96 to 100; but the cough and dullness over the superior lobe of the left lung were not noticeably diminished. A specimen of sputum was sent to the Winyah Laboratory. This was reported to contain an abundance of tubercle bacilli. On the last day of December treatment with antiphthisin was begun. Its sole synergist was protonuclein except that sodium salicylate was exhibited for a few days to subdue a mild intercurrent attack of

rheumatism in the right elbow and shoulder. During the time the use of antiphthisin was suspended. At the beginning of treatment the afternoon temperature was about 99°, the weight had fallen to 97 pounds, respiration was about 30, the cough was troublesome, five or more drachms of thick yellowish sputum were voided daily, dullness over the superior lobe of left lung remained constant and expansion was about $1\frac{1}{4}$ inches. When 45 c.c. of antiphthisin had been used the patient claimed to feel better than before treatment was begun; the dullness was less marked; the cough less troublesome, there had been no cold during treatment, the weight had changed very little from 97 to 98 pounds; the expectoration had diminished. After 25 days intermission I am about to give another course and propose to keep the drug pushed to the limit until 50 c.c. or more have been given; after which I believe I shall be able to report further improvement. The previous history shows a cough for ten years and an attack of pneumonia about four years ago. It is one of those tedious unfavorable cases of long standing fibroid phthisis, and the benefit of treatment is not very apparent, yet I am satisfied it is real. But when skotography shall have been spun out to a very fine point, with microscopic attachments, no doubt we shall be able to observe plainly and unmistakably with our eyes, which *sometimes* do not deceive us, the daily devastation made by this distinctive sozalbumen on the numberless hosts of bacilli tubercle that infect that afflicted lung. Then we can tell accurately just how much good one remedy accomplishes."

Dr. John Whitehead. The paper on antiphthisin that Dr. Brown has just read is well written and very instructive and we appreciate it.

Dr. C. M. Poole. I have used antiphthisin in tuberculosis with satisfactory results, but as Dr. Brown has said you must push the dose—give ascending doses or you will obtain for your patient no benefit.

Dr. J. T. Wright, clinician, reported a case of epilepsy treated by him with the fluid extract of Horse Nettle, manufactured by Walker Green & Co. in doses from a teaspoonful to two tablespoonfuls every four hours, and up to this time a period of six weeks since treatment was begun no paroxysm has occurred—the longest interval since the first attack. The case is one of long standing.

Dr. Poole. I have used fl. ext. horse nettle, made by P. D. & Co., in epilepsy with good results.

Dr. McNairy, reported a case of gun-shot wound of leg of young lady, which necessitated amputation in upper $\frac{1}{3}$ of thigh. The operation was performed by himself and Dr. Shimpoch. They had to depend upon a man, not a physician, to chloroform the patient and during the operation too much was given and they had quite a "lively time" resuscitating her; all the different methods of reviving were practiced and at last resorted to dilatation of sphincter ani which proved successful—the operation was continued without

any further trouble and was a complete success.

Dr. John Whitehead presented a case of double inguinal hernia in a negro boy 18 years old who earns his daily bread driving a cart and loading and unloading dirt. The boy says he experiences no trouble or pain and can work all the day long without any difficulty. Dr. Whitehead advised his going to some hospital and undergoing an operation, as of course that is the only permanent cure.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.

Annual Session held in Winston-Salem, May 12, 13, and 14, 1896.

FIRST DAY—MORNING SESSION.

The Forty-Third Annual Meeting of the North Carolina Medical Society of the State of North Carolina was convened in Winston-Salem on the 12th day of May, 1896, President R. L. Payne, M.D., of Lexington, in the chair.

The Society was called to order at 10:30 o'clock by R. F. Gray, M.D., Chairman of the Local Committee of Arrangements.

Rt. Rev. Edward Rondthaler, delivered a most fervent prayer.

Clement Manly, Esq., delivered the following

ADDRESS OF WELCOME.

Ladies and Gentlemen:

Having been selected by the local Board of Physicians of this dual city—in the name of Winston and Salem I give most hearty greeting to the Medical Society of the State of North Carolina.

Gentlemen you are one and all most cordially welcome among us.

It is quite fitting that a layman should make this opening declaration of hospitality—for that your brethren extend you their greeting goes without the saying, and it is thus emphasized as we wish it to be. Your welcome is from all, and our people of every class feel gratified and honored in your presence.

You are active, busy men. In the battle of life where human kind continues its ever-eventful struggle, you are in the midst where contentions are most serious and severe, looking on humanity in all its miseries and weakness—fighting the common and dread enemy of all. Standing so often on the Narrow Bridge—alone with one suffering fellow creature and no mortal eye but the physician's to watch the jeopardy of that vital crossing. These meetings with your brethren for the inter-change of views and discussion of new

subjects are also, for many, days of rest and recreation. It is in this spirit we hope your stay among us may be of such profit and pleasure as we know you have found in our sister cities.

We have not the attractions to the eye of the stranger, which either extreme of our extensive State can offer. We have not the bright sparkling waters of inland seas or the majestic grandeur of ocean; nor nature's cloud-capped towers which mark the azure range that runs its mighty length through lands of varied beauty. We have not these. But we have a dual city, the old with its ancient seat of female learning, together with the new, blending into harmony and success. We offer you our best. We would not seek a rivalry with others—save in the sincerity of our welcome.

Gentlemen: We know our own—the physician of our home is a man among men. He is our friend and we honor him—and we recognize in this body the most distinguished and learned gentlemen of North Carolina. Men, who in their covetous desire to know the hidden secrets of disease, and to explore the vast regions of all knowledge have waxed strong and mighty in the present progress of the arts and scientific discovery and invention. All that nature gives belongs to them. The chained elements are used to aid the weakness of men. What mighty and comprehensive instruments!

Yes, gentlemen; modern development may give you even greater renown and fame than ever before belonged to your profession; it may bring greater skill than the Dervish of the Arabian tale who knew “the hidden treasures of the universe,” and the balm of every “medicinal gum” but these are not the charm which makes your names household words. Mankind will honor you most for the noble martyrs to duty, who in the world's history have recorded deeds of the hero. The story that marks his entrance into the habitation of penury and want when contagious pestilence sits commanding, bringing with him comfort for the weary body, and ease to the parched and fevered lips—is the ever shining light of your triumphs. Indeed, I have watched the wondrous strides of this success, you so ably represent, with admiration and curiosity, and I have thought that the next decade would bring change. It would not surprise me to find the entire composition of the present drug store gone. The rows on rows of vials and vessels with abbreviations of dead tongues will be of the past. The future drug store will have two articles: Petroleum and a storage of electricity.

Then comes the great diagnostician—the x-rays. I stop here, I do not understand this question. I suppose they will carry this instrument in a box like a kodak, open it on you and look through you. I await the test with awe and fear. But I now warn you not to reveal secrets you may find—they are not mine—the devilry there belongs to a client.

In conclusion let me say, in the name of our Mayor and counsel and all our fellow citizens, I give you hearty welcome; I present you the keys of the

cities, whether of gold or silver I do not know but they are *free*. I see you understand. And, now my earnest wish is that this subject may not be injected into your grave discussions. I wish you welcome.

Dr. George W. Long, of Graham, upon behalf of the Society responded as follows:

RESPONSE.

Nineteen years ago when I was almost an unfledged and an unwhiskered youth I came to your sister city to join this society. From that day to this I have followed her in her migrations from one end of the State to the other.

It is an esteemed privilege as well as pleasure to say to you that wheresoever we have gone, whether in the direction of the mountain gorge of the west or the cypress swamp of the east, or here within the gates of your own beautiful piedmont city, looming up not only to the admiration of the members of this society but to every lover of progress in North Carolina, we have been received with marked respect and distinguished favor.

We thank you, son of a noble sire, whose name is a priceless heirloom to all true North Carolinians, and the generous people you have the honor to represent, for this hospitable greeting, and assure you that whatever may be your lot in the future you will always have our earnest prayers and zealous wishes for your welfare present and eternal.

Permit me to say that, far above your extraordinary achievements in manufactures and commerce, stand your churches, schools and colleges. After all, these are the most active agencies in all the fundamental progressive work of modern society. Libraries, laboratories and collections, charities and hospitals, all help society in its forward movement. They are the outgrowth of intelligence. Winston-Salem amply illustrates this truth. A people to be free must have intelligence: "The truth shall make you free," says the inspired writer. It was doubtless this sentiment which moved the lyric Grecian Alcæus, long years ago when he fashioned in poetic fancy his ideal of a perfect State.

What constitutes a State?

Not high-raised battlement or labored mound,
Thick wall or moated gate;
Not cities proud with spires and turrets crowned;
Not bays and broad-armed ports,
Where, laughing at the storm, rich navies ride;
Not starred and spangled courts,
Where low-browed baseness wafts perfume to pride,
No:—men, high-minded men,
With powers as far above dull brutes endued
In forest, brake, or den,
As beasts excel cold rocks and brambles rude,
Men who their duties know,
But know their rights, and, knowing, dare maintain,
Prevent the long-aimed blow,
And crush the tyrant while they rend the chain;
These constitute a State;
And sovereign law, that States collected will,
O'er thrones and globes elate
Sit empress crowning good, repressing ill."

The Society was now called to order by the President for the transaction of business.

Drs. P. L. Murphy, Francis Duffy, and Robert L. Gray, were appointed the Committee of Finance.

The following Committee on Credentials was appointed: Drs. S. J. Montague, Albert Anderson, J. Howell Way.

The plan followed at the meeting at Goldsboro of allowing twenty minutes for the reading of a paper and five minutes to any member in the discussion, was adopted for this session.

The roll was called by the Secretary. (Those members present will be indicated in the list of members.)

The President's address was now read before the Society and a number of the citizens of Winston-Salem.

Drs. W. H. H. Cobb, R. S. Young and G. G. Thomas were appointed, on motion, a committee of three to consider the recommendations urged in the President's address.

Dr. Thos. M. Jordan presented a paper entitled "Shall we longer cast our pearls before the swine?" On motion the paper was read by title and referred to the Committee on Publication, Dr. Jordan not being present.

Dr. D. M. Prince, chairman of Section on Microscopy and Pathology submitted a paper which was read by title and referred to the Committee on Publication.

On motion of Dr. Royster the privileges of the floor were extended to Dr. Gwathmey, of Norfolk, Va.

Dr. Gwathmey acknowledged the courtesy in a few appropriate words.

On motion the Society adjourned.

FIRST DAY—AFTERNOON SESSION.

Society called to order by the President at 3 o'clock.

The Committee on Credentials made a partial report. (See last day's proceedings for full report).

Local Committee of Arrangement read an invitation from the Twin-City club, offering the Society its privileges, and announced also that to-night there would be a concert given to the Society by the ladies and gentlemen of the town. On motion the thanks of the Society were returned and the invitation accepted.

Dr. W. W. McKenzie read a paper on "Intestinal Indigestion." Discussed by Dr. I. W. Faison.

Dr. I. W. Faison read a paper on "Rachitis." Discussed by Dr. C. J. O'Hagan.

A paper on "Influenza" was read by Dr. G. T. Sikes.

Dr. J. A. Burroughs read a paper on the "Management and Treatment of Tuberculosis in the Asheville Climate with Report of cases." Discussed by Dr. Francis Duffy.

Dr. J. C. Montgomery read a paper entitled "The Value of Recent Therapeutic Literature."

Dr. H. A. Royster read a paper on "Clinical Notes on Guaiacol." Discussed by Dr. J. H. Gibbon.

A resolution offered last year affecting a change in the constitution was brought up for discussion. It was moved that it be laid on the table. Motion prevailed.

The Secretary read a telegram from Dr. J. H. Tucker, expressing his regret that he could not attend.

A communication from Drs. Thos. Hill and R. A. Smith, of Goldsboro, was read, which asked an expression of the Society on the question "Is it according to the Code of Ethics and the rules of the Medical Society for members of the Society to consult regularly with a member of the profession who has been expelled from the Society for unprofessional conduct?"

Moved by Dr. Hays that it be declared the sense of this Society that a physician in good standing in this Society may not consult regularly, or irregularly either, with a former member of the Society who has been expelled for unprofessional conduct; or with an unregistered practitioner.

A substitute was offered and adopted that a committee of three be appointed to consider and frame the language of a resolution to be presented to the Society. Drs. Hays, Powers and Graham were appointed.

No further business being before the Society, on motion it adjourned to meet at 8:30 o'clock Tuesday night.

FIRST DAY—EVENING SESSION.

Society called to order by the President at 8:30 o'clock.

Letter from Dr. Kinyoun in regard to vivi-section read by Dr. Graham.

Moved that a committee of three be appointed to draw up resolutions in regard to this matter, to be presented to the Society for its consideration. Motion carried and Drs. Knox, Duffy and O'Hagan were appointed.

Dr. H. A. Royster opened the Annual Discussion with a paper entitled "Is there in North Carolina a Continued Fever, which is neither Malarial nor Typhoid?"

The discussion was participated in by Drs. Powers, Kent, O'Hagan, McMullan, Sikes and Gwathmey.

An interesting paper on the Röntgen Photography which was illustrated with stereopticon views was by Dr. J. C. Wolton.

On motion the Society adjourned until to-morrow morning.

[To be continued.]

NORTH CAROLINA MEDICAL JOURNAL.

ROBERT D. JEWETT, M.D., EDITOR.

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Secretaries of County Medical Societies in the Carolinas are asked to furnish condensed reports of their meetings to the JOURNAL.

All communications, either of a literary or business nature, should be addressed to, and remittances made by P. O. Order, Draft or Registered Letter, payable to ROBERT D. JEWETT, M.D., P. O. Drawer 825, Wilmington, N. C.

Editorial.

Doctors' Bills.

The medical journals are constantly publishing editorials and communications in regard to the negligence of the people in paying their doctors' bills. In nearly every instance much of the blame for this state of affairs is laid at the door of the physician himself. "Their unbusiness-like habits" and their "want of regularity in sending out their accounts" are the main causes, some seem to think, in making the people negligent. Perhaps so, and if the physician were to present his statement at the end of each thirty days, as business men do, and then send his collector to hound his patients every day or two, it is possible, even probable that the doctor's income would be increased; or at least he would collect a larger percentage of his accounts. To what

is due the doctor's lack of business-like ways? In the first place, he has seldom had any experience in business life. Taken from the academic schools he is transferred immediately to a medical school, and rushed through, in a very large proportion of cases, before he is of age even. He then selects a location and begins practice. He establishes office hours, and maybe decides that he will live a methodical life and have certain hours for retiring and arising, giving a certain number of hours each day to study. He soon finds that if he is to practice medicine he can follow no routine of living, but must be at the beck and call of the public at all hours, day or night. Even his office hours are not respected and come to mean that he is in his office then, *unless he is elsewhere*. He may be idle all the morning and then have to

leave his dinner half eaten to respond to some urgent call. How unreasonable it is to expect a man with no business experience at all, and whose chief employment encourages and even necessitates irregular habits, to be regular and methodical. A business man can breakfast at a certain hour, reach his office at a special hour, devote a specified time to reading and answering his letters, etc. Then, while there are a great many physicians who enter the profession because they have been deluded by the belief that they can get rich in it, there are a great many more who have loftier aims, to whom the payment of a bill is insignificant compared with the recovery of a patient, or the discovery of some surgical or therapeutic principle which will advance the cause of medicine. These latter are the true physicians, too wrapped up in the noble work it is their privilege to be engaged in to give much thought to the collection of their bills. They die financially poor, but rich in the knowledge of a duty well performed. They are poor not merely because they make small collections, but because they are ever ready to augment their professional services by gifts of silver and gold when they see a brother in need. The love and respect which the community gives them make a monument more lasting than granite and more shining than polished brass.

For the sake of this class it is pleasant to know there are still people who feel their doctor should be compensated, and who are honest enough to feel a debt should be paid

whether it is asked for or not. The Bishop of Norwich recently, in a sermon to the public on Hospital Sunday gave some wholesome advice to those who do all they can to avoid paying the physician. It appeared as follows, in the *British Medical Journal*:

"Nor can I, nor shall I, be silent about the wrongs to which scores of medical men are subject. I refer to the startling contrast there is between the inexorable demands which society makes on medical men, and the elasticity of the social conscience with respect to his remuneration. I have known cases where they are summatmoned, all hours and all seasons of the year. Their bills are presented with timidity, if not anxiety, and they are received sometimes with amazement, sometimes with indignation, and sometimes relegated to oblivion. Nor are cases unknown where the righteous demand for work done is met by calling in another practitioner; he, in turn, to suffer as his brother did before him. I cannot permit myself to imagine that I address any such wrongdoer here to-day. But if I do, then, in my Master's name, I entreat you to remember that the medical men of this nation are the highest type of their class in the world, they are entrusted with the secrets of domestic life; they have all our liabilities of their order; they frequently die as martyrs to science, to suffering, to sympathy, to destitution. . . . Believing this, my plea is that every unpaid medical bill be discharged generously, gratefully, cheerfully, and that whatever account must be deferred in payment the last to be de-

ferred is the account of him who is the human agent who has brought us into the world, enables us to continue

our work in life, and many a time lays down his own in endeavoring to baffle death."

Reviews and Book Notices.

Don'ts for Consumptives, or the Scientific Management of Pulmonary Tuberculosis. By Charles Wilson Ingraham, M.D. Cloth, octavo 218 pages. The Call. Binghamton, N. Y. 1896.

This volume is intended as a guide for consumptive patients—not to enable them to treat themselves without the aid of a physician, but how to carry out the principles of prevention for the benefit of the public, their family and themselves; and how to carry out those rules of hygiene which every consumptive should observe. Physicians will do well to place the volume in the hands of their tubercular patients, drawing their special attention to those points they desire observed and instructing them to neglect those they may think useless.

Electricity in Electro-Therapeutics. By Edwin J. Houston, Ph.D., and A. E. Kennelly, Sc.D. The W. J. Johnson Company, New York. 1896. Price \$1.00.

This little volume, beautifully printed on nice paper, and well illustrated by cuts of all the various apparatus described, is intended to instruct those who would use electricity as a therapeutic agent, in the physics of electricity as applied to electro-therapeutics. It is important that those who would use this mysterious

force in the treatment of disease should understand the laws which govern it. This volume will afford this information in such a manner as to make it readily grasped by those not specially trained in electro-technics. It is intended for the general public as well as the profession, and if it were generally read it would do much to remove from the public mind some of the confidence they have regarding the miraculous powers of this agent.

Charaka-Samhita. Translated into English and published by Avinash Chandra Kaviratna. Part xiv. Calcutta, India.

This fascicule completes the first division of Charaka's work, called Sutrasthana. Lesson xxix. is concluded and Lesson xxx. given in full. The former continues the description of quacks as they existed in those days long ago. They possessed the same general characteristics as those which infest the world at this day. Lesson xxx is very interesting being "That about the ten (great) ducts of the heart." It shows that the ancients had considerable knowledge of the circulatory system. The teacher says "The heart is the seat (receptacle) of the foremost *Ojas* (pure blood). . . These (the ducts which have the heart

for their roots) bear the *Ojas* and run into every part of the body. . . All embodied creatures, vivified by the *Ojas*, move about or act. Without it, the life of all creatures becomes extinct." The work complete comprises 443 pages. The translator is entitled to the thanks of the medical profession

of the whole world for making accessible the writings of these ancient teachers. We have watched each fascicule as it appeared, with interest and trust that the enthusiastic translator has met with sufficient encouragement to warrant him in pursuing his praiseworthy undertaking.

Abstracts.

THE INFLUENCE OF SEA AIR ON AFFECTIONS OF THE NOSE, THROAT AND THE EARS.—In the *Archives internationales de laryngologie de rhinologie et d'otologie*, M. Lavrand, of Lille, gives the results of his experience in this direction.

Persons, he says, who suffer with chronic *nasal* affections, such as hypertrophy of the mucous membrane of the turbinates, acute and frequent attacks of coryza, ozæna, and suppuration of the sinuses, may be benefitted by remaining at the seaside for a certain length of time. This is largely due to rest and improvement in general health. General bathing is beneficial, but salt water douches and sprays only moderately so, with the exception of ozaena. On the whole, all chronic nasal affections may be favorably influenced by sea air. By very excitable persons and by those whose pituitary membrane is particularly sensitive, the exhilarating and stimulating effects of sea air are not well borne.

With regard to *throat* diseases hypertrophy of the tonsils in lymphatic persons, owing to increase in general vitality under the influence

of sea air, may undergo reduction, if *not of long standing*.

Naso pharyngeal, pharyngeal and laryngeal catarrhs, says the author, may be divided into three classes: 1st. Those which are provoked and aggravated by sharp air. In such cases the sea air is contraindicated, unless the patient gradually becomes accustomed to it. 2nd. Catarrhal atony induced by defective vital energy of the mucous membranes. In this class of affections sea air certainly exercises an ameliorating influence. 3rd. Catarrhs resulting from vocal or general over-taxing. Of persons thus affected, those who are nervous, arthritic, or predisposed to congestion, should avoid the seaside; the others are marvelously benefitted by the air, the sun, and bathing, and the exercises, provided the latter are taken gradually and in moderation. *Acute* affections of the throat are distinct contraindications.

With regard to diseases of the *ears*, M. Lavrand concludes that acute affections are aggravated by sea air, and chronic ones seldom benefitted, unless they are engendered or aggravated by a bad general condition, on

which sea air exerts a beneficial influence.—*Jour. of Eye, Ear and Throat Diseases.*

TREATMENT OF SYPHILIS BY INJECTION OF SYPHILIS ANTITOXINE.—Cotterel (*Med. Press Circular*) has used, in place of the serum of an immune animal, the serum of an individual who has gone through an attack of syphilis and has been rendered immune to subsequent attacks. From eighteen cases so treated the following conclusions are drawn:

1. In the early stages of syphilis, *i.e.*, when there is only a sore and glandular enlargement, injections of this serum cause the sore to heal rapidly; the adenitis in the groin generally becomes intensely marked; the skin and throat symptoms are absent or only slightly marked.

2. Where the case is not seen until the rash and throat symptoms develop, the skin eruption fades rapidly—much more rapidly, as a rule, than under mercurial treatment—but the throat symptoms disappear rather slowly.

3. The general health improves.

4. The serum from an individual with well-marked secondary syphilis appears to be more active than that obtained from a patient with tertiary symptoms.

The amount to be injected has not yet been accurately determined, but the author has used the serum in doses of one-half to five cubic centimetres.—*Cin. Lan. Clin.*

CALOMEL AS A SPECIFIC IN DIPHTHERIA.—In the applause for antitoxin it may not be out of place to call attention to such drugs as can be

advantageously and safely used, if not alone, at least with antitoxin, for there remains yet a large mortality to overcome in diphtheria, in spite of the good results from the serum therapy.

Ever since the modern views about the use of mercury in diphtheria have been advanced, I have used the drug constantly, in some form, in the treatment of this disease. I have usually obtained good results but also have had failures. Somehow I have gradually drifted toward the use of calomel, and have come to employ it with rather surprising results. The method which I now follow entirely and with a certain precision, is to give calomel in very minute doses at short intervals. I administer from $\frac{1}{64}$ to $\frac{1}{32}$ of a grain of calomel, rubbed up with sugar or sugar of milk, every fifteen minutes to every half hour, dry on the tongue. This constitutes an easy and pleasant method of administration. The treatment is kept up day and night until all evidences of the disease have disappeared. The result in my hands has been so magical that I have myself been skeptical many times about my diagnosis. Since I have adopted this method of treating diphtheria, now nearly two years ago, I have not had a death from the disease, nor indeed a serious complication. I fully appreciate the fact, in connection with this statement, that my experience may mean very little, as I have not seen a very large number of cases. I therefore make this report in the hope that it will be tried cautiously and condemned if found wanting.—Dr. L. F. Flick, in *Med. News.*

Therapeutic Hints.

ANTISEPTIC PASTILLES FOR GARGLES.—Fuerst. For the antiseptic treatment of the pharynx and the nasal fossæ.

| | |
|-----------------------|----------|
| Boric Acid . . . | 150 gme. |
| Salicylic Acid . . . | 15 gme. |
| Sodium Chloride . . . | 30 gme. |
| Saccharin . . . | 3 gme. |
| Oil Peppermint . . . | 1 gme. |
| Oil Eucalyptus . . . | 1 drop. |

Make into 300 pastilles.

One pastille dissolved in a cupful of boiling water yields, when cold, an excellent gargle. After having used two-thirds of the solution for gargling, the cup should again be filled with water, and this diluted solution snuffed up the nose—*Am. Med-Surg. Bulletin*.

THE TREATMENT OF ACUTE ARTICULAR RHEUMATISM.—Sodium salicylate should always be used as the nearest approach to a specific in acute articular rheumatism in children, preferably every two hours, in a massive dose flavored with syrup and diluted with several glasses of water. The author advocates also single large doses at night to avoid ringing in the ears and profuse sweats by the patient's going to sleep. Inactivity of the kidneys or serious ear disease is a contra-indication to the employment of large doses. Endocarditis or pericarditis is not.

An ointment composed of salicylic acid, lanolin, and turpentine, each $2\frac{1}{2}$ dr., with lard 3 oz., may be rubbed into the affected joints with good results.

Pills composed of 2 grn. of salophen and $\frac{1}{2}$ grn. extract of gentian may be used as a substitute for salicylates.—*L'Union Med. du Canada*.

CHRONIC DIARRHŒA AND DYSENTERY.

R—Sulphate of copper, 1 gr.
Sulphate of morphine, 1 gr.
Sulphate of quinine, 24 grs.

Make twelve pills. One three times a day.—*Med. Record*.

FOR INFANTILE COLIC.—Dr. Hoton (*California Medical Journal*) calls attention to lobelia in the treatment of colic in infants, such as the nurse always asks the doctor to prescribe for during the first few days of the child's life. He says this kind of colic is always promptly relieved by dropping one drop of the tincture into an ounce of water, and giving the babe a half teaspoonful, warm. All pins, chaffing clothing, and other mechanical irritants, are to be looked after and removed before resorting to the remedy.

SURGICAL HINTS.

When you have found pus in an exploratory puncture, *never* take out your needle, if the case is one for operation, until the pus cavity has been widely opened.

Do not use the old-fashioned curved bistoury in opening the simplest abscess. It is unsurgical because you proceed from within outward—from the unknown to the known. This is a false principle in philosophy, in surgery, and in everything. Cut from

the surface inward and you can deal with difficulties in the order in which they occur. Always work with the aid of sight and do not pin your faith on anatomy.

General anæsthetics are used far too often. A two per cent. boiled solution of cocaine hydrochlorate injected, with a sharp needle, *into* the skin, not under it, will enable one to perform such operations as castration, the removal of non-malignant breast tumors, even if they are as big as a cocoanut, many herniotomies, where there is strangulation, and the removal of almost any subcutaneous tumor up to four pounds in weight.

Intra-abdominal work, however, to be well done, requires general narcosis.

In cases of severe injury to the fingers by laceration or contusion, put the entire hand into a very ample soaking-wet dressing. Do not even trim off a piece of flapping skin. Incision for drainage is all that is allowable until healing is very well under way or even quite complete. You may then look over the ground and see whether it is worth while to sacrifice anything. A half inch of *boneless* finger may be of incalculable value to its possessor.—*International Journal of Surgery*.

NECROLOGY.

Some recent deaths among physicians.

Dr. A. Schultz Millen, near New Market, Va., April 16.

Dr. Wm. L. Phillips, at Nowport News, Va., April 19, of erysipelas. He was chief surgeon at the Soldiers' Home.

Dr. William Hunt, aged 70 years, at Philadelphia April 17.

Miscellaneous Items.

We have received from the Rio Chemical Co., of St. Louis, a unique little brochure. Formula as used upon the Treatment of Urethritis by many successful practitioners in various parts of the country are given in it.

The current number of the *British Medical Journal*, remarking upon the

notable unanimity of the lay press in insisting upon the absolute sacredness of professional confidences, is led to point out the flagrant want of consistency in the English courts of justice regarding this question. Before one judge, damages may be found for revealing a professional secret, while another will hold a witness for contempt who refuses to vio-

late such a confidence. Again, it is urged that the lips of a medical man might be sealed to his own or his family's disadvantage by a professional consultation imposed for exactly this ulterior motive. It is not impossible that much ultimate benefit may be reaped from the Kitson-Playfair trial in the final adjustment of this vexed problem. "The medical profession would be more than glad to accept the most rigorous ruling as to the inviolability of professional confidence, for this would greatly simplify their position. All they want is to have a definite law for their guidance, and to be protected against the discordant decisions of judges and the vagaries of impressionable juries and journalists."—*Med. News.*

At the recent meeting of the American Medical Association in Atlanta, a lively time resulted from Dr. I. N. Love's attack upon the Permanent Secretary, Dr. W. B. Atkinson, of Philadelphia. At the Baltimore meeting Dr. Love introduced a resolution providing for the annual election of the Secretary. He complained that this had been omitted from the proceedings. The representatives from every State had expressed a desire for a more efficient Secretary, and as this was not sufficient to elicit a resignation other measures were necessary. The matter was laid upon the table for a year.

It was decided to hold the next meeting in Philadelphia, on the first Tuesday in June. The following officers were elected: *President* Dr.

Nicholas Senn, of Chicago; First Vice-President, Dr. George M. Sternberg, U. S. Army. Dr. Austin Flint will deliver the "Address on Medicine;" Dr. W. W. Keen the "Address on Surgery;" Dr. Jerome Cochrane, the "Address on State Medicine."

The next meeting of the State Medical Society will convene in Morehead City, on the first Tuesday in June, 1897. It is unfortunate that the same date should have been selected as was selected for the A. M. A.

Dr. P. L. Murphy, of Morganton, was elected President, Dr. M. P. Perry, of Macon, Treasurer, and Dr. R. D. Jewett, of Wilmington, Secretary.

To the Board of Medical Examiners, Dr. D. T. Tayloe, of Washington, and R. H. Whitehead, of Chapel Hill, were elected on the first ballot and Dr. T. E. Anderson, of Statesville, on the fourth.

There were seventy-seven applicants for license before the Board at the Winston meeting.

Brown—"You don't look well, lately, Robinson."

Robinson—"No; I can't sleep well at night on account of lung trouble."

Brown—"Nonsense; your lungs are all right."

Robinson—"Yes, mine are; the trouble is with the baby's.—*Life.*

The trustees of the Jefferson Medical College of Philadelphia have purchased a large property at the corner of Tenth and Walnut streets,

immediately adjoining the present college and hospital buildings, on which they intend erecting a new hospital. The present hospital building is inadequate because of the great number of patients presenting themselves for treatment, the situation of the hospital, in the centre of the city, bringing many poor to its doors. It is said that von Eschsch, on visiting the Jefferson hospital some years ago, remarked that other institutions had

finer buildings, but that this hospital was the greatest working hospital he had seen in America. The plans of the new building are such as to give not only satisfactory opportunities for treating patients, but also for teaching clinical medicine. Immediately on the completion of the new hospital, the present college building will be torn down and rebuilt in accordance with the most recent methods of teaching practical medicine.—*Mil. News.*

Reading Notices.

DIET IN DISEASE.—No better illustration can be afforded of the importance now attached by physicians to the dietetic treatment of disease in general than the multitude of food products in the market. As has been recently emphasized by Dr. Richy (*Daily Lancet*) in view of the abundance of such preparations, the physicians task becomes a hard one, and he must be as conversant with their composition and value as well as he knows the action of the drugs he prescribes. Unless careful discrimination be exercised in the selection of a food for the sick only disappointment will be experienced. Milk, and even kumyss which has been so highly lauded are repugnant to not a few patients or become so after being taken for a few days. With regard to the peptonized beef preparations Dr. Richy states that he has entirely discarded them in his own practice, as their nutritive power is extremely feeble and does not compensate for their abominable taste. He also calls attention to the fact that many authorities have relegated the peptonized and pancreatised products to the background and contest their value as foods. In Somatose he has found a preparation more nutritious than

peptones, and more digestible than albumins, since it contains a considerable proportion of nitrogenous elements, principally in form, of albumoses and peptones. A personal experience with Somatose in a considerable number of cases of dyspepsia leads Dr. Richy to regard it as a food which is well adapted to a delicate stomach not able to dispose of ordinary food or of only a small quantity. In a case of typhoid fever with much gastric disturbance this product was well relished when all other foods were refused and excellent results were derived from its use in several other cases of this disease. A case in which the merits of Somatose were put to a severe test was that of a pregnant woman, who in consequence of constant vomiting had been reduced to a wretched condition. Although the patient had refused food of all kinds, including kumyss, she at once took a liking to Somatose, the vomiting ceased and she was soon able to dispose of more nourishment. In conclusion the author says that his results have been so satisfactory that he prescribes it with confidence and feels justified to recommend it as a nutritious, pleasant and digestible food preparation.

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NO. II.

Original Communications.

INTESTINAL INDIGESTION.

By W. W. MCKENZIE, M.D., Salisbury, N. C.

The past few years have witnessed a marked advance in our knowledge of the chemistry of the digestive process, and of the role of micro-organisms in the alimentary canal under different conditions.

There are indications that disorders of digestion, which, in token of ignorance, were classed as functional not long since, are now in a fair way of being better understood and better treated, since we know the conditions which produce them.

Fermentation of food in the stomach and duodenum has long been a well known characteristic of certain forms of dyspepsia, but it remained for Milne Edwards in the year 1862, fresh from the study of Pasteur's work on lactic and butyric acid fermentation, to apply his results to the explanation of cases of acid dyspepsia and to declare that: "We are led to the conclusion that the phenomena of lactic and butyric fermentation, which are manifested in the digestive tube, may well depend upon the action of infusoria (or microbes), which live and multiply in the interior of this canal; a hypothesis which explains the production of two gases found here; viz.—"hydrogen and carbonic acid." Leared, in 1860, showed in "experiments as to the cause of heart-burn" that this symptom is due to the presence in the stomach of butyric acid, a product of lactic fermentation. A few years ago Vaughn presented a paper of great value on "Tyrotoxican as a cause of digestive disturbances in children," and T. Lauder Brunton on "Poisons formed from food and their relations to biliousness and diarrhœa." Frequent communications of

this character in current medical literature, show the interest which has been excited in disorders of digestion by the works of Pasteur, Koch and many other investigators in the field of bacteriology and biology, and indicate the direction of further progress in the study of disorders of digestion.

Digestive disorders result naturally, both from eating food unsuitable in quality and quantity and impairment or incapacity of the digestive juice, or to summarize, to a want of relation between the food to be digested and the organism, owing to which the latter finds itself unduly embarrassed in its duties or entirely incompetent to perform them. We will now see if there are no special causes contributing to this result, and what agents may disturb this relation. The digestive secretions, in the normal conditions have been demonstrated by experiments outside the body—whether from the salivary glands, from the stomach, or from the liver, show a remarkable power of resistance to putrefaction. Our limits are too restricted for details of the digestive process but in a general way it may be stated that from the time the food is taken into the mouth, it is constantly under the influence of the digestive fluids, aided by muscular action, which keeps the mass in constant motion until it reaches the sigmoid flexure of the large bowel where it temporarily accumulates.

The total quantity of fluid poured out seems large, but it must be remembered they are absorbed almost as soon as poured out—so that there is no excess of fluid in the canal during digestion. The entire quantity thrown out during the day is affected by the nature and quantity of the food, and many other conditions; but it may be stated that the food is subjected to—in twenty-four hours—the action of about twenty pounds of digestive fluids (saliva 1 to 3 pounds; gastric 14; pancreatic secretion $\frac{1}{2}$; bile 3 to 4; intestinal juice $\frac{1}{2}$). Digestion has been therefore considered as a rinsing process in which the proximate elements of food are first made soluble and dissolved and then absorbed through the epithelium of the stomach and intestinal tract.

As Pasteur and Tyndall have shown that without microbes, fermentation and putrefaction do not occur, and as Abelson says "That very little of the action of these microbes goes on in the stomach, because in the normal state, the food remains in the stomach too short a time for this work to be completed; but when carried with the chyme into the intestine, they find here more favorable conditions in the longer exposure and the alkalinity of the surrounding media; since we all know that bacteria grow best in alkaline or neutral media.

MacFayden, Nineki and Seiber have succeeded in identifying seven microorganisms which gives rise to fermentation in the small intestine. So that when the fermentation of the gases and acids by bacteria becomes excessive, the condition is usually spoken of as "Intestinal Indigestion" or amylaceous

dyspepsia. The symptoms of this disorder are flatulence of gases, accompanied by acids. Bowels are usually constipated—there is more or less pain in epigastrium, headache, and a feeling of dullness, as a weight on the head; palpitation of the heart, cardiac pain; tongue coated on back part of a creamy white or yellowish. Normal digestion of all starches, under the action of the normal amylolytic ferments converts starch into sugar. The digestion of cane sugar (saccharose) is accompanied by transforming the cane sugar into a mixture of dextrose and levulose commonly called invert sugar. The ultimate end of any digestion of any carbohydrate, is a reducing sugar. This reducing sugar is absorbed from the small intestine, because the bulk of the digestion of starches occurs in the duodenum or small intestine under the influence of the amylolytic ferment of the pancreas. All the sugar so formed in the duodenum is not absorbed. Some of it undergoes further fermentation under the influence of bacteria and produces various acids and gases, so that there is always present some gas which has originated from the carbohydrate food ingested, and enough acid to maintain an acid reaction in the small intestines in spite of the sodium-carbonate present in the pancreatic juice.

Dr. W. S. Christopher, professor of diseases of children, Chicago Polyclinic in a paper which appeared a few months ago in *The Therapeutic Gazette*, entitled "The So-Called Intestinal Indigestion" says that: "The term indigestion is eminently improper in this connection. That it is not an indigestion but rather a further splitting up than occurs even in normal digestion;" and he says further, "none of the micro-organisms, so far as known, which produce these gases and acids, produce them directly from starch, but only from the sugar; that is to say, before the abnormal products may be formed, there must first occur a normal digestion of the starches, and the abnormal products are formed from the products of the normal digestion." He also says, "there is reason to believe that the lactic acid may be split up further under the influence of a butyric ferment into butyric acid, carbonic acid gas and water. Such alcohol as is formed may also undergo the acetous fermentation, and resulting acetic acid be subsequently broken up, giving rise to carbonic acid gas and marsh gas." So that this affection should be termed "super-digestion" instead of "indigestion."

However, Dr. Christopher's point is well taken. But it is not my purpose to discuss in this paper whether this affection is "super-digestion" or an "indigestion," but rather to show that the so-called intestinal indigestion is dependent upon the starch and saccharines for its existence and upon the action of bacteria which live and multiply in the interior of the alimentary canal and produce the fermentation of gases and acids in the small intestine, and that the bulk of the digestion of the starches takes place in the duodenum under the amylolytic ferment of the pancreas, and that very little of the ac-

tion of the microbes takes place in the stomach, but mostly in the small intestine, since they thrive better in an alkaline media.

And now as to the treatment of this disorder. First we must withhold from the food of the patient all carbohydrate material so as to starve out the micro-organism—which if carried out long enough will have the desired effect—they will certainly die. But as it is impossible for the patient to gain flesh and strength without carbohydrate food, we must find other remedies. We must try to digest a considerable amount of the starch in the stomach, so that the resulting sugar is quickly absorbed and does not reach the seat in the small intestine to cause these disagreeable symptoms. If this can be done, enough carbohydrate can be digested, and prevented from ever reaching the small intestine, to meet all the needs of the patient, while we then starve out the micro-organism in small intestine. To accomplish this I have found "takadiastase" is by far the best drug. It is a very active diastatic ferment and gives quick relief. I give it immediately after meals in doses of 3 to 5 grains, and in some cases there was almost instantaneous relief. As an instance of this drug I will report the following case: Only last week I was called to see an old lady, age 60, suffering from intestinal indigestion and I prescribed takadiastase, grains five, to be taken at once and my patient claimed almost instantaneous relief. Since then she has been taking five grains immediately after each meal and has not experienced any further trouble. I shall continue this treatment in her case for some time.

DISCUSSION.

Dr. Faison said: This disease of intestinal indigestion is one that troubles a great many of us. Last year there came under my care a young lady patient in my town with this very disease, and in the beginning it simulated malarial disorder, and for a few days I was at sea to know what I had. The poisonous gases due to putrefaction in the bowel from this indigestion were carried to the liver producing the bilious condition we see when we have malaria. But with mercurial treatment, by emptying the bowel, the liver soon showed that it was not diseased, but was only irritated. Fermentation continued, and just what Dr. McKenzie stated in his paper took place. Gaseous fermentation, distending the bowel, which went on from bad to worse until she shed the mucous membrane of the bowel. Time and time again I have seen as much as twelve inches of the intestinal mucous membrane exfoliated. She had fever when first taken, but in a few days it subsided, and we had no further trouble. I tried the starvation treatment to get rid of the micro-organisms, but with not very good effect. But with the starvation and eliminative treatment, with antiseptic treatment of the bowel, after a persistent treatment of nine months my patient got on her feet. I am very glad that Dr. McKenzie brought this before the Society, and I hope that some other gentleman who knows more about it than I do will discuss it.

RHACHITIS—A PLEA FOR ITS PREVENTION AND EARLY RECOGNITION.

BY I. W. FAISON, CHARLOTTE, N. C.

Gentlemen:—You and I are well aware that I have brought to you to day a very old disease, but yet an interesting and important one; one that has been recognized, and about which much has been written for centuries. Still I fear that it has been too often overlooked till it has made severe inroads into the frame work of our little patients. It is at the very beginning of this disease or even before its beginning that I desire chiefly to call your attention, for after the disease goes on until its regular type is reached, with its boxed head, open fontanelle, pigeon breast, beaded ribs, protruding abdomen, prominent epiphysis at the wrist, curved spine, bowlegs, and relaxed muscles and ligaments, it can be readily detected by even the most casual observer. What are the causes? These are several, viz, congenital predisposition when the parents are weakly constituted, either from tuberculosis, syphilis or any general debility of the mother during gestation, and these only so far as they go to reduce the strength and impair the normal function of a perfected organism; bad hygienic surroundings, filth, foul air, want of light and heat, food disorders of any kind, producing long and continued vomiting, diarrhœa, and withholding the proper kind of food. All these may work together to produce rickets, still it is not necessary that all of these causes be present at one time, for in many cases where after seeing the parents, you would look for rhachitical children, but do not find them. It is true that when the hygienic surroundings are the worst, it does not always abound. In many palaces, where the hygienic surroundings are all that one could wish for, with strong healthy and robust parents, you will readily recognize rickets, for I have seen well marked cases of rickets, among the most wealthy people, where the children enjoyed everything in the way of good hygiene, and in fact everything except the one important thing to-wit: the proper quality of food. On one occasion I was called in to see a little girl patient of a very wealthy family who had gradually gone down and down with recurrent attacks of disordered food diarrhœa. After a careful examination, I made the diagnosis rickets. When I gave my opinion to the fond mother, the most dejected, careworn and burdened expression came over her face I ever saw. With disgust in her very look, and in her tone of voice, she said, "Why doctor I did not think that anybody but negroes and poor people ever had the rickets." To hold my position in the family I had to bring to bear all my persuasive powers, but with an assured promise on my part that a rapid and complete cure would soon follow, he trusted, and helped me to carry out the treatment in every minutia, and very soon the reward came, and the

little patient unless told by her mother will never know that she had the rickets. As this fond mother looked at it so hundreds and thousands of other mothers look at it, and I fear that a good many physicians look at it in the same way to day.

The food disorders and catarrhal conditions of the alimentary canal, are very important causes, as they tend to induce the disease, and dam the way between the food properly administered, and its proper assimilation. The withholding of the proper kind of food is the most important of all the causes, for while the other causes already enumerated tend to produce such a condition in the system for the speedy induction of rhachitis, still with all these causes sufficiently at hand, with plenty of good food of the proper kind, and in sufficient quantities, we will see the little patient develop. Another important cause is the conception of the mother while nursing, and especially from about the fifth to the seventh month. The milk at once becomes vitiated, digestive disorders set up in the child, and rickets at once appear.

SYSTEMS.

As I have already thrown aside the regular type of this disease in this discussion, what symptoms shall we rely on for its diagnosis in the beginning?

You are well aware that it is a disease belonging mostly to the first two years of life, and authentic cases have been recorded of congenital rickets. I want to say that it is a disease that every child is reasonably liable to, and also that it is a preventable disease, therefore it behooves every physician to be on his guard from the first moment a babe is put under his care. For an obligation rests upon him that he must recognize and meet, or through gross carelessness or ignorance he sits by and lets the little patient grow unnoticed into the very condition that I am discussing. The first few months, and till past the second year is a very important period to every child. If you can successfully pilot the babe through this period without falling into the quagmire of rachitis, then your reward will be a full grown magnificent specimen of man or a symmetrical and beautiful woman. You need not look for a full group of symptoms in making the diagnosis of even a regular type of rachitis, for in most cases only a few of these symptoms are present, and in the beginning the symptoms are very often overlooked, because not so clearly defined.

When you see a little fellow with continued constipation begin to lose flesh, his muscles get flabby, and especially of the lower extremities, crying out at night, head beaded with perspiration every time he drops off to sleep, restless at night, throwing off the cover frequently, and with every little cold laryngismus stridulus appearing, now an attack of indigestion, diarrhœa, then an attack of bronchitis, the teeth beginning to appear later than eight or ten months, the fontanelle slow in closing, and the veins all over the head distended with convulsive tendencies with very little rise in temperature, you

may at once suspect rachitis or rachitical diathesis. When these symptoms appear, it is the proper opportunity for the proper means to be used for checking its development. If you will bear in mind these symptoms, always be on the alert for them, and recognize their significance, you will be better prepared in all cases to treat them with more decided convictions, because every little case of food disorder, bronchitis, laryngismus stridulus is not best treated when only treated symptomatically.

I will first consider the preventive treatment. Examine well the general condition of the mother. See whether or not her mammary glands bid fair to supply food intended by the Creator. As soon as parturition is over, feed the mother on a full diet of good food, both in quantity and quality. In a few days see if the child shows normal increase. Examine carefully the milk supply. Find out how long and how often the child nurses. Very often the mother will proudly proclaim "Oh he gets all he wants, why he nurses all the time." This to an observant physician at once tells the tale. This certainly shows that there is not enough in quantity, for no healthy baby who gets enough food will remain at the breast more than five to ten minutes. Professor Emmet Holt's milk set for clinical examination of a mother's milk, will aid you in making the test readily and with sufficient accuracy to show you whether the quality is up to the standard. Both quantity and quality must be carefully observed. The best hygienic surroundings, and the full regimen of the best and most nutritious food for the mother, will do that which is possible to regulate the normal supply of baby food. Some medicines are recommended for this condition, but none have met my expectation. The quality of the milk supply should show at least 5 per cent. cream. If less than this between 2 and 5 per cent., with all the quantity you could crowd into the little fellow, he would not normally increase. No milk with only 2 or 3 per cent. of cream can be improved so that it will be sufficient for a baby to live and develop properly on. In such a condition you must remember the human milk analysis as laid down in your text books, and at once supply by artificial food the necessary amount, both in quantity and quality. A great many artificial foods are on the markets for babies. I desire to say but little about them. Sometimes we find our patient where we can use them to great advantage for just a few days. As a food for continuous use, to raise a baby with, I must unqualifiedly condemn them. True it is that you can keep a baby fat on them, and just here I wish to warn you, for under the blubber of such a child with a keen perception, you can too often recognize rickets in its insidious work. Dr. Chaedle records a beautiful case in the prize baby at a baby show, rolling in fat from this very manner of feeding. So you can see in this condition "all that glitters is not gold." Recognize the fact that a baby must have the proper kind of food both in quantity and in quality, and then supply that demand, and you will have no rickets to treat.

As soon as rickets makes its appearance is the best time to treat it, hence the great importance of early recognition to regulate the food in proper quality and quantity is the first step. If you can use the mother's milk at all, be sure to continue it, and as an adjunct to this, the very best is the modified cow's milk, provided you can get the child to digest properly enough of it. My practice of late has been to Pasteurize milk instead of sterilizing it. Fairchilds Peptogenic Milk Powder has aided me a good deal to get my milk supply in condition for general use. If they cannot take a sufficient amount of milk, you must add other proteids in the form of raw beef, and soft cooked eggs or better the white of an egg well whipped, allowed to settle and skimmed, to which is added a little sugar. A little later on in life, after the weaning period rickets is often developed. Then an abundant supply of fats and proteids must be used. The fats viz: rich milk, cream and butter. The proteids viz: rare beef and soft cooked eggs, and the juice from one orange a day, will constitute the best bill of fare.

Medical treatment is very limited. The first four or five days I give one-third to one-half grain doses of hydrarg. cum creta. Full doses of cod liver oil, if assimilated, though this remedy should be considered one of the fat foods, syrup of lactophosphate of lime, phosphorus. Still I have never seen very much benefit from this drug in its free state. Iron in the form of the Glycerole prepared by Wyeth has given me splendid results.

DISCUSSION.

Dr. W. H. H. Cobb said: The doctor has said that rickets is a disease of babyhood, occurring most frequently under the age of three. The disease is very common in Europe, more so than in America, and is very rare in Canada. It is produced by prolonged lactation during gestation. He speaks of syphilis as being a factor. I find only one authority for that. He also says that if he can get a child over the second year that he is safe, but I think a good many of us will say that we are liable to find it up to the age of twelve. I find in my own experience that orange juice given in addition to the proper nourishment of the proper quality and quantity, is a great aid in restoring the child. As medicinal treatment, I know nothing better than cod liver oil, and lactate of iron combined with a syrup.

Dr. O'Hagan said: We are indebted to Dr. Faison for the very clear and succinct statement of the symptoms and treatment of a disease which I am very glad to say is rare in this State. As he said, it is generally supposed to be a disease of poor white folks and negroes. There is a great deal of truth in that. In large cities and mountainous districts where the people live in the valleys and are deprived of the sunshine, you will be apt to find it. Good light is essential to prevent it. It may be considered as a disease depending largely upon malnutrition and bad hygienic conditions. The diagnosis is quite simple, and I do not think his treatment can be improved upon? For-

tunately, while we may all be benefited by his paper, I am very glad to say that we are rarely called upon to treat the disease of rickets, because of a sparse population and plenty of good air and enough food, as we have in this country. Nevertheless, I regard the paper as a very valuable one, and compliment the author upon it.

Dr. Faison: In regard to the syphilitic taint, I think that Dr. Cobb will find it stated emphatically by quite a number of authorities that syphilis plays an important function in the causation of rickets. He spoke of the orange juice. I went over that in the paper, and suggested the juice of one orange a day. He was convinced of the importance of its early recognition. It could appear later, but if you get the child in proper condition, by two years he will have such a running start of the disease that it will never overtake him.

As far as Dr. O'Hagan is concerned, I am bound to differ very emphatically as to the rareness of this disease. I have practiced in three sections of the State, and do not think I have gone any week without seeing rickets. You will find it very often in the first child in the family. It affects the first child oftener than any other. I have noticed that, and it is the most important child to look after for rickets. It seems that the mammary glands are not in a condition to supply the proper quality of milk. I have seen this disease so often that I do not consider it rare. I consider it a disease that you are liable to run upon in every family every year you practice medicine, and I want to insist upon that point, that it is not a rare disease; that it is common, that it is in nearly every family in some form or other. In the last two months there was a child in Georgia who was carried to New York and treated by a specialist for spinal disease. He was sent back to Atlanta, and was in Atlanta last week completely cured because some country doctor recognized rickets and treated him for it, and the child got well. That is the reason I prepared this paper, to impress on you the importance of recognizing rickets, that it is not a rare disease, that it is a curable disease, and that it is a preventable disease.

The treatment is very simple. The important part of it is proper food. With the proper kind and quality of food, given in the proper quantity, you do not need much else. In some cases to hasten recovery I add cod liver oil and hydrargyrum cum creta because it stimulates the liver.

MANAGEMENT AND TREATMENT OF TUBERCULOSIS IN THE ASHEVILLE CLIMATE—WITH REPORT OF CASES.

By J. A. BURROUGHS, M.D., Asheville, N. C.

So much has been written on tuberculosis in latter years, that one is constrained on opening the subject, yet when we consider that it is a disease which is largely preventable, and is killing off one-seventh of the entire human family, we are justified in noting our observations.

The diagnosis of pulmonary tuberculosis is no longer a question. He that has ears and experience can map out the diseased area of lung tissue with mathematical accuracy, and the microscope settles the presence or absence of the bacilli.

But two questions confront the medical profession.

First. The prevention of the disease.

Second. The eradication or arrest of the trouble when once contracted.

Tuberculosis is prevented by a proper climate, suitable food, and good hygiene.

To the lamented Alfred L. Loomis belongs the credit to-day, that climatology plays in the therapy of phthisis pulmonalis. It was he who first pointed out to the medical world, the great advantage these cases derive from a high, dry atmosphere.

Asheville is located in the western portion of North Carolina on a beautiful plateau, 2,350 feet above sea level, with a blue rim of mountains reaching several thousand feet higher into clear, ethereal space, practically robbing currents from every direction, of moisture, and at the same time, somewhat purifying the atmosphere by the pine forests and balsam groves which cover many of these mountains from base to summit.

We are so located by reason of our altitude, latitude, and geographical surroundings, as to have a fairly even temperature all the year round. The altitude is too great for a high solar temperature during the summer months. The latitude is too far South for a prolonged low drop of the mercury during the winter. We are protected from storms and March winds by the mountains that stand off high in space like so many sentinels, placed there by nature to guard the evenness of temperature, and purity of the fluid we breathe. In short, Asheville has an aseptic climate, an even, dry climate, just such a climate as is a prerequisite for the prevention, or arrest of tuberculosis. It is here that wounds heal most readily; and meats can be hung in the open air for days, without a grain of salt, and without putrefaction.

Such a thing as malaria is unknown with our people. When patients come here from other points, with malaria, it is soon eradicated. My reason for mentioning the above fact is, that malaria is a very annoying complication of tuberculosis.

Suitable food—nitrogenous food is an absolute necessity in the prevention or treatment of tuberculosis. The blood corpuscles and tissue cells must be kept in good fighting shape, so as to prevent a suitable soil for the bacilli, or the extermination of same, should they already exist.

The feeding of consumptives is too big a subject for this short paper. I will merely suggest that the alimentary canal must be kept in shape for the digestion and appropriation of good rich milk, eggs, rare beef steaks, and mutton chops.

These patients will frequently digest, gain flesh, and develop an appetite, on broiled ground beef, and hot water, when they have not even been able to assimilate milk.

Too much attention cannot be given to the question of hygiene in the prevention and treatment of tuberculosis. Ignorance, and carelessness of scientific facts and observations is the cause of the majority of cases to-day.

Two decades back, the medical profession did not know that phthisis was caused by a special germ, and that these germs were ready to ingraft themselves in any, and all suitable soil, setting up the same trouble in others. It was not known that a consumptive frequently expectorated several million tubercle bacilli daily, and that a single germ in a favorable subject produced a like trouble. No properly informed physician permits a patient to leave his office without minute details of distribution of sputum.

There are consumptives in Asheville who have no medical advisers, but I am prepared to inform this Society that within sixty days we will have a street expectoration law, which, I trust, will be rigidly enforced. This atmosphere is laden with ozone, and we have an abundance of sunshine which is deadly to all germ life, but we do not care to be contaminated in the slightest degree, when it can be so easily prevented. We keep our patients in the open air most of the day, some walking, some riding horseback or driving, and others bathing in the sun upon the verandas, according to physical and financial circumstances. During the absence of patients, rooms are thoroughly cleansed and renovated, allowing the sunlight to have full access, so that on return of occupants, there is a nice, sweet, clean aroma as though the atmosphere had been washed, which lends health with each inhalation.

There are numerous points about the prevention of tuberculosis, as, registration, isolation etc., which are not discussed in this paper; however, there is one more fact I wish to mention; namely, tubercular mothers should never be allowed to nurse their offspring, and a second pregnancy should never be permitted.

As for medication by the stomach, Morsons pure beechwood creosote is all that I have found of advantage. Patients are frequently given 60 to 90 gtts. daily, for weeks without any gastric disturbance, with marked improvement of the physical signs, and diminution of the bacilli. Gudes peptomangan

is of much service in keeping the stomach braced up, and the red blood up to par. No medicine should be given, that will, in any way interfere with the digestion or assimilation of food, for this is one disease that has its origin in mal-assimilation.

Intra-pulmonary medication is the commonsense, practical, and successful way to treat pulmonary phthisis. If a patient had a sore on his heel or in the palm of his hand, and the physician, on examining him carefully, prescribes an enema, and medicine by the mouth, giving the sore no local attention, in all probability there would be a change of medical advisers. You not only get a local, but a constitutional effect more quickly, with medicine administered by inhalation, than in any other way, sub-cutaneous injections not excepted.

Nitrous oxide gas, chloroform, and ether, are so quickly absorbed by the mucous membrane of the respiratory tract, that a constitutional effect is produced in a short time. The inhalation of poisonous vapors for a very brief period, and which cannot be detected, even by the sense of smell, frequently causes disease and death.

Menthol, terebene, oil pine needles, oil eucalyptus, and creosote, can be given, in glymol or glycerine, by inhalation, in far larger quantities than the average physician would imagine. In daily treatments a patient should have about 5 gr. menthol, 20 gtts. terebene, 20 gtts. oil pine needles, 20 gtts. eucalyptus, and 12 to 20 gtts. of Morson's pure beechwood creosote in $\frac{1}{2}$ oz., glymol or glycerine. The reason for giving these drugs in glymol or glycerine is, that of either of these vehicles dissolves the sputum in the bronchial tubes and air cells, and allows these most powerful of germicides to exert their deadly work upon the tubercle bacilli in their very home.

If there be encysted tubercular spots that cannot be reached by inhalation, these medicines are left in closer proximity to the diseased tissues than if placed in the stomach, to reach the part by the circulation, after its various changes, by the contents of that organ.

A DE-VIL-BISS spray and a condensed air apparatus of three to four atmospheres is all that is necessary for this work. Be careful to have the patient's lungs emptied, and have him take a slow, deep inhalation as you administer the treatment.

Some patients will receive twice the amount of drugs, whilst others will not take so much. Frequently menthol has to be dropped from the treatment because of idiosyncrasy of patient, and the same is occasionally true of eucalyptus.

Hæmoptysis is controlled by small hypodermics of morphine and atropia with rest in the recumbent posture. Ice bags can be applied, frequently to advantage. Ergot is positively contra-indicated in these cases. Weak hearts must be looked after with nitrate of strychnine, or brandy.

Fever soon subsides with the intra-pulmonary medications in cases that are not too far advanced to be helped or cured.

To patients who have ulcerative tubercular laryngitis or pharyngitis, a local application is made at bed hour, of iodoform in glymol with a century atomizer, besides the daily intra-pulmonary medication. Under this treatment, most frequently the ulceration heals, inflammation or congestion subsides, and the voice returns, where there has not been too much destruction of the vocal chords. My observation with the curette and lactic acid treatment in these cases has been unfavorable.

For the past fourteen years the majority of my time has been devoted to the treatment of tuberculosis. A careful record has been kept of 617 cases during the last nine years, including all the physical signs, temperature, pulse, respiration, chest expansion, weight, and condition of sputum.

Many of this number have drifted from under my observation, but I am still in touch with the majority. Will just add, that no record has been kept in advanced cases that showed no improvement within thirty to sixty days, as they were all advised to return home to be with their friends and have home comforts.

In reporting the following cases, will note condition of patients when they came under my care, and the date they left Asheville, or at present.

Walter S. age 22, consulted me October 1886. Normal weight 176, present weight 132, family history bad, night sweats, shortness of breath, cough and slight expectoration in the morning. Had several hemorrhages. Pulse 96, temp. 100 $\frac{3}{4}$, resp. 24. Tubercle bacilli present. Physical examination of chest revealed consolidation of each apex, being more marked on the right with dullness, retarded respiratory murmur and moist rales, chest expansion 2 $\frac{1}{4}$ in. May 1, 1888, this patient left for Jersey City weighing 181 lbs., chest expansion 3 $\frac{1}{2}$ in., and with all the physical signs of disease absent, and the bacilli gone from the sputum. This young man is now in Jersey City conducting an insurance business, and tells me he has had no return of his old trouble.

Has now been back in the climate where he contracted the trouble, for the past eight years, and, in my judgment, is in constant danger of a recurrence of tuberculosis, notwithstanding his apparent good health.

Mr. H. of Pittsburg, age 28. Consulted me January 1, 1886. Much emaciated, shortness of breath, cough, night sweats with septic chills which he thought were malaria. Pulse 108, temp. 101, resp. 28. Physical examination of chest revealed small cavity at apex of left lung. Chest expansion was 2 $\frac{1}{4}$ in. Bacilli present. This man is still in this section, at the head of a very large enterprise and seems to be entirely recovered. Very little expectoration, temp. pulse and resp. normal. Chest expansion 3 $\frac{3}{4}$ in. There is a cicatrix in apex of left lung where a cavity once existed. Weighs 47

pounds more than when he came to Asheville ten years ago. Gave him about sixty treatments before temperature was normal. He only consults me now once in four to six months.

Mr. C. of Syracuse, N. Y., age 40. First consulted me summer of 1892. Family history bad. Hemorrhages for past two years. Shortness of breath with paroxysms of coughing and thick heavy expectoration. Pulse 92, temp. 99 $\frac{1}{2}$, resp. 26. Examination of lungs revealed cavity in apex of right lung and consolidation of apex of left. This patient has been free of fever for the past two years, very little cough, and the bacilli have disappeared from the sputum. Physical examination of lungs reveals left apex entirely clear, with cavity dry in right. Chest expansion has improved $1\frac{1}{4}$ in. Gained 27 pounds in weight. This man took 263 intra-pulmonary medications. He now seems well and in Asheville lending money and clipping coupons.

Mrs. T. of Brooklyn, age 35. Consulted me January 1887. Mother, father and two older sisters died of phthisis pulmonalis. Examination of lungs revealed cavity in apex of right lung with consolidated spots to base. Constant acceleration of pulse. Elevation of temperature with quick breathing. Sputum full of tubercle bacilli, pus, blood, and lung tissue. Night sweats with great prostration and loss of flesh. December 1890—Physical examination showed that cavity had healed and consolidated spots cleared up. For the past four years no bacilli have been found in the sputum. Patient spent the past winter in Brooklyn and writes me she is well.

Mr. P. of Philadelphia age 19. Consulted me February 12, 1895. Family history without tubercular taint. Had grippe ten months previous, since which time had hemorrhages, gradually losing flesh. Night sweats, cough, and expectoration in the mornings. Great prostration and shortness of breath on the least exertion. Loss of voice for past three months, amounting to a hoarse whisper. So much soreness of throat that only liquids had been attempted in the way of nourishment for quite a while. Weight 112 pounds. Pulse 132, temp. 103, resp. 28. Physical examination revealed chest expansion to be 2 inches, cavity in apex of right lung, and slight infiltration of apex of left, as indicated by dullness on percussion and retarded respiratory murmur on auscultation, tubercular laryngitis present, with quite a portion of the pharynx involved. Prognosis in this case was unfavorable, and the young man remained in Asheville, under my care, at the earnest solicitation of his father; with the distinct understanding on my part, that it would be advisable to take him home, should he not improve within thirty to sixty days. This patient received daily intra-pulmonary medication, and in addition, the local application of iodoform in glymol at night, to ulcerated larynx. Tablespoon doses of Gude's peptomangan were administered every four hours, with 15 gtts. of creosote three times daily. Rigid instructions were given about diet, and patient kept out of doors, with all advice about avoid-

ing dust, and inflating lungs to the very bottom of the air cells, to their fullest capacity, many times daily. At the expiration of three months Mr. P's throat had healed, and he could eat anything without pain. His voice much stronger, but had not regained its normal volume, nor ever will. Night sweats disappeared after two weeks treatment, and temperature had become practically normal in eight weeks. Pulse still about 100. Resp. 24. Examination of lungs reveals left apex about clear, with a marked tendency to a drying up of old pus cavity in apex of right. Chest expansion $2\frac{1}{4}$ inches: Weight 124 pounds. A microscopical examination of sputum showed a much improved condition. This man is still in Asheville, and to-day weighs 143 pounds, with a normal pulse and temperature. Resp. 22. None of the old symptoms, except a voice that has not more than half its normal volume; a cicatrix in apex of right lung which has practically ceased to secrete pus. For the past several months not a bacillus has been found. I regard this man cured, so long as he remains in Asheville.

Mrs. H. of New York, widow, age 24. Came under my care May 20, 1895. Shortness of breath, expectoration, night sweats, great weakness and emaciation. Pulse 112, temp. 102, resp. 26, weight 81 pounds. Examination of lungs revealed chest expansion $1\frac{7}{8}$ in. Dullness over entire right lung with a cavity in apex, left normal. This case had a history of pneumonia, following gripe several months previous. Examination of sputum revealed tubercle bacilli, blood, pus, and lung tissue. This patient received the intra-pulmonary medication, creosote and peptomangan, with the usual instructions as to diet and hygiene, with the satisfaction of an amelioration of the above symptoms. She left for New York the 3rd inst, seemingly as well as any one, weighing 128 pounds. All the old inflammatory trouble had subsided and cavity seemingly healed. No bacilli had been observed for the last three months. My advice to Mrs. H. is to make Asheville her winter home for several years at least, which she proposes to do.

Mr. H., of Indianapolis, age 28, school teacher. Came under my care July 15, 1895. Pulse 108, temp. $101\frac{1}{4}$, resp. 29, constant cough, night sweats, and septic chills. Examination of lungs revealed cavity in apex of left, with consolidation of back portion of lower lobe. Tubercle bacilli present. Mr. H. was placed on the usual treatment with an improvement from the start. His temperature and pulse were normal in sixty days. Expectoration had ceased in three months, since which time he has not been able to obtain a sample for examination. He left for home March 1st, apparently in perfect health, weighing 34 pounds more than he did last July, and with a gain in chest expansion of $1\frac{3}{4}$ inches.

I have a case book for each year in which cases are continued from one year to another, in ledger form. In these books can be found scores of cases similar to the above quoted.

It is now an accepted fact that early cases of phthisis can be cured, and that many in the second stage can be arrested, and, under favorable climatic influences, may live out the years of a comparative old age.

Forty-six patients, May 1st, were carrying in this place, 747 pounds more flesh than they had first of last October. An average gain of more than 16 pounds. Greatest gain of the forty-six was 41 pounds, the least, $2\frac{1}{4}$ pounds. Combined gain in chest expansion $41\frac{1}{2}$ in: An average of a little more than $\frac{7}{8}$ of an inch. Greatest gain $2\frac{3}{8}$ in., least $\frac{1}{8}$ of an inch.

In conclusion, I wish to say, that when the disease is arrested or cured, patients should never return to the same place, or to similar climate where the trouble was contracted or developed, as such persons are doubly susceptible to a recurrence of the disease.

Families of a tubercular predisposition locate here, and it is the exception when a case of consumption is developed.

The observing, scientific, medical world has its eye upon this section and are daily sending such people here with satisfactory results.

DISCUSSION.

Dr. Frank Duffy said: I would like to ask Dr. Burroughs what he thinks as to the propriety of confining patients in the earliest stages of phthisis. I have sometimes seen patients at the beginning with a very slight temperature, and have allowed them to go about. I have had some experience which seemed to indicate that it is better to confine patients and keep them quiet. I would like to ask him what has been his experience and what is his opinion as to the propriety of confining to bed a patient who has a temperature of $99\frac{1}{2}$ in the afternoon, in whom we can detect the signs of phthisis. With even the slightest physical signs may we have reason to expect incipient phthisis, and must we allow them to go about or remain in bed?

Dr. Burroughs: I do not keep my patients in bed in cases of incipient phthisis. The doctor remarked that one of the earliest symptoms we have is slight rising temperature. You may not be able to detect any physical changes. I have as treatment a course of ordinary gymnastics. I have them take buggy rides, and keep them out of doors. If they have high temperature in the more advanced stages I put them in bed a few days.

Dr. Duffy: In regard to the contagion. Is it accepted that it is propagated most generally through the expectoration? I am often asked the question whether a person should sleep in the same bed with one who has the disease. I have had cases reported to me in which persons have been in close contact and certainly have not contracted phthisis. Where there are two persons breathing the same atmosphere, breathing the breath expired, is it very dangerous, or is contagion mainly from the expectoration? To what extent lower animals contract this disease, I do not know, but it is a curious fact there was a cat that followed a tubercular man about, and when he would

cough the cat would run and eat the expectoration. The cat still lives, though the man has been dead about two years. The cat seems to be in good physical condition.

Dr. Burroughs: I do not think it is recognized as being contagious from the breath, but when a patient expectorates and the spital becomes dry it is taken up in the dust and is carried about in that way.

Society Reports.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.

Annual Session held in Winston-Salem, May 12, 13, and 14, 1896.

[Continued from page 303.]

SECOND DAY—MORNING SESSION.

Society called to order by the President at 10 o'clock.

Your committee appointed to consider the suggestions made in the message of the President beg leave to make the following report:

In the matter of the Board of Examiners, your Committee heartily endorses the recommendations of the President, that the Society shall return as quickly as possible to the customs in force previous to 1890, of electing these Boards to serve six years without interruption. The members of the Society must realize that frequent elections to such an important office as Examiner, a place of so much responsibility, that we submit that it is the highest office in the gift of the Society, tend injure the steady work for which the Society exists and for which it annually convenes. These elections, stirring up the justifiable ambition of our members set to work all of the machinery of electioneering for place and the natural result is and will be the birth of factions and personal animosity, to the neglect and decay of the routine and important matters that are so necessary to its successful life. We therefore recommend that the members of the Board to be elected to-day shall enter upon their duties with the understanding that their term of office expires in 1900, after four years of service, the term of those to be elected in 1898 will likewise expire in 1900. At which date the term of office of the whole will end, the election in 1900 providing an entirely new Board to serve six years. We respectfully suggest that the Committee on Legislation shall seriously consider the question of asking the Legislature to compel midwives to be examined and licensed, if found competent.

The prosecution of illegal practitioners belongs to the Criminal Courts of the State, and we do not think it wise or expedient for the members of the Society to be forced to enter the field of prosecuting witnesses or informers. The Solicitors have ample means for knowing who is registered with the clerk of each county as a physician and very little inquiry will inform them of any others violating the laws regulating medical practice.

This Committee does not feel that it will exceed the limit of the duties imposed upon it, when it calls the attention of the Society to the very practical character of the message of the President, and congratulates him in your name for the prominent mark it has made upon his administration.

As the adoption of the report would carry with it a change in the constitution it was, on motion, received and held for further action.

The Committee on Arrangements announced that to-night there would be a Musical Recital at the Salem Female Academy, complimentary to the Society, the Annual Essay and Oration to be delivered in the Academy chapel. After adjournment a Trolley Party would be given to the Physicians through all the streets of the cities and at 5 o'clock carriages will be in readiness to take the Society about the city. The thanks of the Society were returned to the Committee.

Dr. Jones made the report of the Obituary Committee which was accepted.

The following resolution adopted by the class of which Dr. Stancell was a member, was introduced by Dr. J. C. Rodman and ordered spread upon the minutes of the Society:

The licentiates of the class of 1892, having met to take some steps to show their high personal regard and respect for the ability of the late Dr. R. H. Stancell, Jr., do hereby pass the following resolutions:

Resolved 1. That in his death the class has sustained a most severe loss. For we do believe, that had The Great Father in His wisdom deemed it best to retain him among his children on earth, the time would have come, when he would have conferred honor and dignity upon it by his success in his chosen profession.

Resolved 2. That the Society of the State of North Carolina, has been deprived of a most zealous worker and valued member. One who would have always had its best interest at heart.

Resolved 3. That humanity, whose benefit has been the goal of our endeavors since medicine became a science, has also been a loser.

We ask that a copy of these resolutions be sent to the family and to the NORTH CAROLINA MEDICAL JOURNAL for publication.

Committee for Class. { JOHN C. RODMAN, Washington, N. C. ;
J. T. BYNUM, Winston, N. C. ;
JNO. G. BLOUNT, Washington, N. C.

The following Committee on Nominations was appointed: Drs. Charles J. O'Hagan, A. W. Knox, M. R. Adams; D. T. Tayloe, and W. H. Wakefield.

Election to fill vacancies on the Board of Medical Examiners were declared in order, and Drs. Joel Harris, M. H. Fletcher, W. S. Lumsden, and T. S. McMullan were appointed tellers.

Dr. R. H. Lewis moved to amend the Constitution by striking out all of article VI after the caption and inserting:

Section 1. The members of the Board of Medical Examiners shall be elected by ballot for a term of six years. A majority of the votes cast being necessary to a choice. The election shall be held at 10 o'clock a. m., on the second day of the annual meeting, and the balloting shall continue until the entire number of seven are elected.

NOTE—In order to accomplish the change from the present method of electing a portion of the Board every two years to that of electing the whole number at one time without curtailing the term of office of those already elected it is decreed that the two members to be elected in 1898 be elected for four (4) years and the two members to be elected in 1900, for two (2) years after

which this note having served its purpose shall be considered as repealed without further action on the part of the Society.

Sec. 2. A vacancy occurring from any cause other than expiration of term of office, shall be filled by the Board or a quorum thereof.

The Secretary read the Constitution of the State in regard to the election of vacancies on the Board of Examiners.

On motion there was a temporary suspension in the election of the members of the Board of Examiners in order to give Dr. Knox an opportunity to make remarks. Motion carried.

Dr. Knox said: First, I hope that every one of you will believe that in my remarks I am not actuated by any personal feeling towards any individual gentlemen. I have certain convictions which I want to lay before you in a calm, quiet, dispassionate way and ask your serious consideration of them. If, in this discussion, it shall be proved that I am wrong there will be no man more prompt to acknowledge the error. I am not going into any extended remarks, but will state the principle upon which the action is based, and on which I ask your careful, deliberate consideration. I hesitate to say this, but there is and has been a growing tendency in this Society towards politics. It has come to pass—and I speak now with no personal feelings towards any individual—that gentlemen in this Society have sought the position of member of the Board of Medical Examiners, the most honorable position in the Society, by electioneering letters. Again I disclaim any personal allusions, but to-day that is done. If we go on in that way, we will soon get to the point where we will say to each other, "If you will vote for me as a member of the Board, I will vote for you as President, or if you will vote for my friend for the Board I will vote for your friend for President." To my mind the Board of Examiners pre-eminently of all offices in the Society, ought to seek the man, and the man should not seek the office. I move, therefore, that it is the sentiment of this Society, that any candidate who has or shall resort to electioneering or allow it to be done with his knowledge, shall be regarded as unworthy of the office.

Dr. R. H. Lewis after a few remarks offered the following substitute which Dr. Knox cheerfully accepted, as proving his entire absence of personal feeling.

Resolved, That is the sense of the Society that any electioneering for office on the part of any of its members in person or indirectly through friends is contrary to the dignity of the Body, inimical to its interests, and should be earnestly discouraged by every loyal son.

The resolution was unanimously adapted.

The following gentlemen were nominated to fill the vacancies on the Board of Examiners: Dr. J. H. Way, of Waynesville; Dr. I. W. Faison, of Charlotte; Dr. Thos. E. Anderson, of Statesville; Dr. R. H. Whitehead, of Chapel Hill; Dr. Albert Anderson, Dr. David T. Tayloe, of Washington; Dr. J. B.

Powers, of Wake Forest. The ballot was cast, and Dr. Tayloe and Dr. Whitehead were elected, Dr. Tayloe receiving 101 votes and Dr. Whitehead 69. Number of votes necessary to a choice was 68.

A second ballot was cast for the election of the third member, but there was no election.

Dr. Albert Anderson withdrew his name.

A motion was adpted that in case of no election on the third ballot all names except the two highest should be dropped.

On the third ballot there was no election, and all names were dropped except those of Dr. Way and Dr. T. E. Anderson.

As the result of the fourth ballot Dr. Anderson was elected.

The Society adjourned to meet at 3 o'clock.

SECOND DAY—AFTERNOON SESSION.

In the absence of the President, the Society was called to order by the First Vice President, Dr. S. D. Booth.

A paper on Endo-metritis was read by Dr. Blount.

Discussed by Dr. T. S. McMullan.

Dr. H. S. Lott read a paper on "What the Practice of Gynecology should mean to us."

Discussed by Drs. Bahnson, Poole, Flippin and Gwathmey.

The Committee on Finance made the following report, which was accepted:

Your Committee on Finance having examined the books and accounts of the Treasurer, beg leave to make the following report:

| | |
|--|-----------|
| Balance on hand, May 15, 1895. | \$ 615.01 |
| Amount collected | 661.00 |
| | <hr/> |
| | 1276.01 |

| | |
|--|-----------|
| Expended as per vouchers | \$ 910.42 |
| Balance on hand, May 13, 1896. | 365.59 |

We recommend the usual assessment of \$2.00 per capita for the ensuing year and that the salaries of the Secretary and Treasurer be the same as last year.

Respectfully submitted,
P. L. MURPHY,
F. DUFFY,
R. F. GRAY.

The proposed amendment to the Constitution offered by Dr. J. C. Walton at the last meeting was called up, and, on motion, laid upon the table.

Dr. C. A. Julian read a paper on "The Management of Gestation."

Discussed by Dr. H. S. Lott.

The hour for election of officers having arrived, nominations for President were called for.

Dr. P. L. Murphy, of Morganton, was nominated.

As there were no other nominations, on motion, the Secretary cast the vote of the Society for Dr. Murphy, whereupon he was declared duly elected President for the ensuing year.

The following Vice Presidents were nominated and unanimously elected: 1st, Dr. J. C. Walton; 2nd, Dr. A. A. Kent; 3rd, Dr. M. R. Adams; 4th, Dr. B. L. Long.

Nominations for Secretary being in order, Dr. R. D. Jewett was placed in nomination. There being no further nominations the Treasurer was requested to cast the vote of the Society for him, and he was declared elected.

Dr. M. P. Perry was nominated as Treasurer, and there being no further nominations, the Secretary was requested to cast the vote of the Society for him and he was declared elected.

SECOND DAY—EVENING SESSION.

The evening session was held in the chapel of the Salem Female Academy, being called to order at the close of a recital by the pupils of the school.

The first paper was the Annual Essay entitled "The Chronometry of Life." By W. P. Ivey, M.D., Lenoir.

The Annual Oration entitled "The Doctor as a Social Influence," was then delivered by Dr. H. H. Dodson, Milton.

On motion the Society adjourned.

THIRD DAY—MORNING SESSION.

Society called to order at 10 o'clock.

The Section on Surgery was called. The chairman of this Section, Dr. J. L. Nicholson being absent it was moved that his paper be read by title, and referred to the committee on publication. Motion carried.

The committee on credentials made a report, which was accepted.

The Secretary read letters of regret from Dr. J. G. Ramsay, Dr. R. H. Winborne and a telegram from Dr. J. H. Tucker.

Dr. Hays for the committee to offer resolutions in regard to consultation with suspended members, asked for further time.

The Committee on Vivisection presented the following report, which was adopted.

WHEREAS, we are informed that the National Legislature will be impo-
r-
tuned to enact laws on the subject of Vivisection, which are calculated to
restrict experimental investigation and thereby hamper science.

Resolved, That it is the sense of the North Carolina Medical Society, that scientists are the truest humanitarians, and are safer to trust in their methods and conclusions than persons of exclusive ideas and mawkish sentimentality.

Resolved, That we respectfully request our Senators and members of Congress to use their best efforts to prevent such miscellaneous legislation, and that copies of these resolutions be sent to our Senators and Representatives in Congress.

The Committee on Nominations recommend the following committees.

Orator.—Chas. J. O'H. Laughinghouse.

Essayist.—J. B. Powers.

Leader of Debate.—J. M. Flippen.

Board of Censors.—W. O. McDowell, H. H. Harris and J. H. Tucker.

Publication.—E. C. Register, R. H. Gibbon, R. J. Brevard and R. D. Jewett.

Legislation.—R. H. Lewis, Abner Alexander, W. T. Cheatham, and L. J. Picot.

Duffy Prize.—John Whitehead, W. P. Beall, and Oscar McMullan.

The North Carolina Medical Journal Prize.—G. G. Thomas, J. W. McNeill and W. H. H. Cobb.

Obituary.—R. S. Young, R. D. Jewett, and Kemp P. Battle.

American Public Health Association.—W. J. Lumsden, Chas. Duffie, and H. T. Bahnson.

North Carolina Pharmaceutical Association.—S. D. Booth, J. G. Brodnax, and Thos. Hill.

American Pharmaceutical Association.—L. H. Hill, Germanton; C. E. Hilliard, and W. H. Harrell.

Delegates to American Medical Association.—B. F. Halsey, J. Howard Way, A. A. Kent, W. R. Mayo, J. J. L. McCullers, J. C. Montgomery, C. C. Jackson, W. W. McKenzie, E. C. Laird, and W. A. Graham.

Delegates to South Carolina Medical Association.—J. R. Irwin, Frank H. Russell, W. G. Stafford, Fred. Potts, W. J. Love, G. W. Purefoy and S. W. Stevenson.

Delegates to Virginia Medical Association.—Geo. A. Foote, S. J. Montague, R. S. McGeachy, J. B. H. Knight, D. N. Dalton, J. C. Rodman.

Delegates to Southern Surgical and Gynecological Association.—M. H. Fletcher, H. W. Lewis, R. L. Gibbon, T. S. McMullan.

Dr. J. Howell Way read a paper on "A Clinical View of Pyelitis," with report of a recent case successfully treated by incision and drainage.

Discussed by Drs. T. E. Anderson, Booth, Duffy, R. L. Gibbon, Hodges and Tiffany.

Dr. K. P. Battle read a paper on "A Case of Tracheotomy for Foreign Body."

Dr. E. G. Goodman read a paper on "A Rare Source of Error in the Diagnosis of Inguinal Hernia.

Moved that there be a suspension of business. Motion carried.

Dr. A. W. Knox addressed the Society in favor of the reinstatement of Dr. M. E. Robinson, stating that the causes leading to Dr. Robinson's suspension no longer existed, that he regretted what he had done and desired to be reinstated.

The President ruled that Dr. Robinson is not a member of the Society, and can only become a member by coming before the committee on credentials and signing the constitution in due form, unless there be a motion to suspend the rules.

Moved that the rules be suspended and that he be reinstated. Motion lost.

Moved that Dr. Robinson's name be submitted to the Committee on Credentials, and that it be requested to report as early as possible at this meeting. Motion prevailed.

Dr. John H. Gibbon read a paper on "Radical Cure of Inguinal Hernia.

The President stated that if the Society intended to accept the hospitality of the citizens and go on the excursion to Pilot mountain, it would be necessary to adjourn and continue the session at the mountain.

It was moved that the President be installed on Pilot mountain. Motion prevailed.

On motion the remaining papers on the programme were ordered read by title and referred to the Committee on Publication.

On motion the Society adjourned to meet at Pilot mountain.

THIRD DAY—AFTERNOON SESSION.

Society called to order by the President.

The Committee on Credentials reported favorably the name of Dr. Robinson and he was reinstated.

The time of meeting of the Society, was reconsidered and after some discussion the first Tuesday in June, 1897, was adopted.

The following resolution was offered by Dr. Pool:

Resolved, That no member shall be admitted to this Society unless he is present at the meeting at which his name is presented. Resolution was lost.

The hour for the installation of officers having arrived, the retiring President thanked the Society for courtesies shown him, and handed the gavel to Dr. P. L. Murphy, his successor.

Dr. Murphy replied in a few appropriate words, and then made the following appointments as chairman of sections:

Pathology and Microscopy.—Dr. J. W. White.

Practice of Medicine.—Dr. R. L. Gibbon.

Anatomy and Surgery.—Dr. J. C. Rodman.

Materia Medica and Therapeutics.—Dr. E. G. Goodman.

Medical Jurisprudence.—Dr. G. T. Sikes.

Obstetrics.—Dr. S. L. Montgomery.

Gynecology.—Dr. J. S. Brown.

Chemistry and Physiology.—Dr. T. S. McMullan.

The following resolution was adopted by a rising vote:

Resolved, That the thanks of the Society are due and are hereby extended to the local committee of physicians, the young ladies of the Salem Female Academy, the Twin-City Club, the ladies of the Twin-City Hospital Association and the citizens generally for the numerous hospitalities and courtesies extended this body.

The following were favorably reported by the Committee on Credentials and became members:

Abner Alexander, George Doughton, C. C. Jackson, W. C. Brownson, J. M. Turner, F. L. Potts, Chas. W. Mosby, W. T. Holt, A. Y. Linville, Goode Cheatham, James M. Parrott, Jas. W. Kornegay, F. H. Holmes, E. Fulp, J. E. McLaughlin, John Bynum, Chas. B. McNally, G. W. Pressly, W. K. Reid, W. H. Crowell, C. V. Reynolds, W. G. Sutton, F. E. Asbury, T. S. Faucette, E. E. Klutz, Anna M. Gove, Thos. B. Ashby, B. E. Reeves, J. R. Reitzel, Chas. L. Summers, J. B. Smith, J. W. Rodwell.

The following members were reinstated: H. S. Lott, John Sweaney, J. B. Carr, D. N. Dalton, M. E. Robinson.

R. D. JEWETT, M.D.,
Secretary.

R. L. PAYNE, M. D.,
President.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF NORTH CAROLINA.

Spring Session, 1896, Winston-Salem.

The Board of Medical Examiners met at Winston on Monday, May 11th, at 9 o'clock a. m. There were present Drs. W. H. Whitehead, President, L. J. Picot, Secretary, H. B. Weaver, J. M. Hays and Geo. W. Long. Drs. Thos. S. Burbank and Julian M. Baker were unavoidably detained at home, the latter by sickness. Dr. Burbank sent in his questions upon anatomy, which being approved were used for examination in that branch. Dr. Whitehead, by consent, conducted the examination in surgery for Dr. Baker. The examinations were written, and the same standard of 80 per cent. maintained. An oral examination was granted to Dr. C. J. Parlear, on account of the loss of an eye. There were seventy-five applicants and the following were granted cense:

| | |
|-------------------------------------|-----------------------------------|
| J. B. Matthews, Durham. | A. P. Davis, Daisey. |
| J. M. Sheppard, Campbell. | J. J. Leak, Francisco. |
| A. B. Byerly, Yadkin College: | S. E. Koonce, Trenton. |
| J. J. Young, Smithfield. | Isaah Fearing, Elizabeth City. |
| George W. Williams, (col.) Raleigh. | Wm. R. Mapp, (col.) Raleigh. |
| Geo. W. Norman, Reidsville. | W. P. Horton, North Wilkesboro. |
| S. P. Burt, Centreville | T. C. Blackburn, Boone. |
| J. C. Gilbert, Hope Mills. | W. E. Hemphill, Archers. |
| W. J. McAnally, Madison. | W. C. Horton, Wakefield. |
| Thos. T. Watkins, Walnut Cove. | John S. Massey, (col.) Monroe. |
| G. S. Kirby, Lenoir. | D. M. Moser, Conover. |
| James Young, Mooresville. | C. J. Parlear, Boone. |
| J. F. Swann, Cool Springs. | E. N. Heard, Asheville. |
| E. B. Glenn, Asheville. | CHAS. S. MANGUM, Chapel Hill. |
| John M. Osborne, Asheville. | Ed. J. Pearson, Asheville. |
| E. M. Hutchins, Capps Mills. | Hughes B. Hoyle, Jonesboro. |
| C. S. McLaughlin, Newell. | Frank G. Wilson, Gastonia. |
| D. A. Garrison, Bessemer City. | W. Mitchell, Lewiston. |
| H. C. Upchurch, Raleigh. | E. R. Morris, Asheville. |
| W. D. Crocker, Lucama. | E. B. Lattimore, Shelby. |
| L. L. Ardrey, Charlotte. | Leonard P. Aaron, Mt. Olive. |
| W. T. Griggs, Harbinger. | Banks Withers, Davidson. |
| M. E. Bennett, Palm. | E. M. Griffin, Winston. |
| J. H. Haizlip, Salem Chapel. | E. W. Lister, Elizabeth City. |
| Chas. S. Tate, Ramseur. | L. E. Ricks, Pantego. |
| S. S. Royster, Mooresboro. | E. M. Brown, Washington. |
| E. Sam'l Browning, Pleasant Grove. | A. H. McLeod, Keyser. |
| C. M. McCracken, Clyde. | B. B. Hauser, Yadkinville. |
| S. B. Medford, Clyde. | J. L. Lister, Elizabeth City. |
| H. C. Hamlen, Winston. | Joy Harris, (female) Summerfield. |

Total 60. Fifteen were refused.

Dr. Chas. S. Mangum, of Chapel Hill, won the Appleton Prize on a grade of 94½. Dr. A. P. Davis, of Winston, won the second prize offered by The G. H. Harvey Co. His grade was 93½. Better papers were presented, and higher grades made than in former years. The terms of service (six years) of Drs. Whitehead, Picot, and Long having expired by limitation, their places on the Board were filled by the election of Drs. David T. Tayloe, of Washington, Thos. E. Anderson, of Statesville, and Richard H. Whitehead, of Chapel Hill. A conference of the members elect with the retiring members was held in Room No. 3, Hotel Phoenix. Dr. Chas. J. O'Hagan was invited to preside over this conference, as he did six years ago when the present retiring members were elected. He recalled the incident with pleas-

ure, and made some most happy and appropriate remarks. There was a free interchange of thought, and most pleasant speeches were made by all the members present. Dr. Hays offered resolutions of thanks to the retiring members for their faithful and efficient services. The resolutions were adopted and ordered spread on the minutes. There being no quorum of the Board elect, it was impossible to organize. Ballots for the new President and Secretary were ordered to be sent to Dr. Picot within thirty days, who will declare the result through the JOURNAL. There being no further business the Board adjourned.

L. J. PICOT, M.D., Secretary Exofficio.

FOREIGN ASPIRANTS TO AMERICAN PRACTICE.

In his presidential address delivered at the recent annual meeting of the National Confederation of State Medical Examining and Licensing Boards, Dr. William Warren Potter, of Buffalo, of the New York State Medical Examining and Licensing Board (*Journal of the Am. Med. Asso.*, May 16th), said:

"One of the difficult problems confronted is in dealing with foreigners. These men come to this country in large numbers without knowledge of our language, where they are told that everything is as free as air, hence they expect to be admitted to practice at once without let or hindrance. Finding a State examination necessary, they plead poverty and demand leniency because of their imperfect knowledge of the English tongue. The question presented may be formulated about as follows: 'Shall one rule be established for our own countrymen, and another less rigid for these strangers?' I trust not and I hope the answer will be a unanimous negative. The injustice of such discrimination against our own citizens is too apparent to admit of argument. I would not make one rule for one class of candidates and another for another class, but I would administer the laws with impartiality, governing all alike.

"If one of our fellow-citizens should present such examination papers to a foreign board as these men generally offer to most of ours, he would be denied even the semblance of a hearing. His application would be dismissed without ceremony. Let it be remembered in connection with this that the country is not suffering for the want of doctors, and can wait without material injury until these men shall master the English language and otherwise conform to our rules—until they can place themselves on the same footing in every respect with our countrymen. When they present themselves in a clear identity, with a legal diploma properly authenticated, and take our examination successfully, then we will gladly issue to them licenses to practice, but they should be made to understand at once that they can obtain them in no other way. The question is attracting the attention of medical journals in different sections of the country and has lately been discussed by one in a most decided and uncompromising manner."—*New York Medical Journal.*

NORTH CAROLINA MEDICAL JOURNAL.

ROBERT D. JEWETT, M.D., EDITOR.

COLLABORATORS

GEORGE GILLETT THOMAS, M.D.,

HENRY T. BAHNSON, M.D.,

CORNELIUS KOLLOCK, A.M., M.D.,

S. WESTRAY BATTLE, M.D., U.S.N

ROBERT S. YOUNG, M.D.,

HUNTER MCGUIRE, M.D., LL.D.

J. ALLISON HODGES, M.D.

This JOURNAL is published on the fifth and twentieth of each month, and any subscriber failing to receive his copy promptly, is asked to announce the fact to this office.

Cuts will be provided for any original communications (sent to this JOURNAL only) requiring illustrations, free of cost to the author.

Secretaries of County Medical Societies in the Carolinas are asked to furnish condensed reports of their meetings to the JOURNAL.

All communications, either of a literary or business nature, should be addressed to, and remittances made by P. O. Order, Draft or Registered Letter, payable to ROBERT D. JEWETT, M.D., P. O. Drawer 825, Wilmington, N. C.

Editorial.

The Winston-Salem Meeting.

The forty-third annual meeting of the State Society, recently held in Winston-Salem, was one of the most successful in the history of the Society. The attendance was larger than has been the case for a number of years, and the interest manifested in the proceedings by those who were present was more marked than usual. The number of papers presented was probably not so great as for the two preceding meetings, but the quality of the papers was above the average. We think all will agree that the plan adopted at this meeting, of having authors of papers select some special person to open discussion on the papers, worked well, and that the experience of this meeting warrants a continuance of the practice. Many of the papers which drew forth inter-

esting and valuable discussion at the last meeting would, we are quite sure, have gone without comment had not the duty of opening the discussion been assigned to some special member.

As was expected, the elections claimed a very large share of the attention of the members, but notwithstanding the fact that the balloting was spirited, the election passed off with a decorum thoroughly becoming a dignified body of scientific gentlemen. The selection of Drs. D. T. Tayloe, R. H. Whitehead and Thos. E. Anderson as members of the Board of Medical Examiners is a guarantee that the excellent work of the Board will be maintained. These gentlemen are thoroughly qualified to hold the responsible position to which they have been elected, being

well equipped both in theoretical and practical training. The JOURNAL extends its congratulations to each one of them, as well as to the Board, the Society and the State at large.

The social features of the meeting were numerous and truly delightful. The local profession and the citizens generally exerted themselves to the utmost to make the stay of the Society pleasant, and they succeeded admirably. Among the pleasures provided were carriage drives and trolley parties in cars brilliantly illuminated with colored lights, recitals by the pupils of the famous old Salem Female Academy, dances and numerous receptions. The most conspicuous of all the entertainments, however, was the excursion to Pilot moun-

tain, given by the citizens of the Twin-Cities. It was most charmingly carried out and will be long remembered by those who were fortunate enough to be present, as one of the most delightful outings the Society has ever enjoyed.

The session of the Board of Examiners was an eventful one. The class was larger than usual, and the proportion who were licensed was very gratifying, only 20 per cent. being refused license. We understand that the general character of the papers showed an improvement on former years, which goes to show that under the stimulus of the State Boards of Examiners, the medical schools are constantly sending out better prepared men.

Correspondence.

INSURANCE EXAMINATION FEES.

*Editor N. C. Med. Journal,
Wilmington, N. C.*

Will you do us the kindness to publish the enclosed resolution in the next issue of your JOURNAL for the benefit of the profession throughout the State? It was passed by the Charlotte Medical fraternity about May 15, 1896. Thanking you in advance, I am

Very truly yours,
WM. A. GRAHAM.

We the undersigned, regular physicians of the city of Charlotte, bind ourselves not to charge less than five dollars (\$5.00) for any regular Old Line Insurance examination (including examination of urine) made after May 15, 1896.

[SIGNED.] Drs. Simmons B. Jones
E. M. Brevard, Wm. A. Graham, C. A. Misenheimer, F. M. Winchester, J. W. Byers, R. J. Brevard, R. L. Gibbon, G. W. Pressly, E. C. Register, J. P. McCombs, C. M. Strong, William Woodley, D. O'Donoghue, C. G. McManaway, Hillory M. Wilder, J. Graham, I. W. Faison, J. B. Alexander, John R. Irwin, F. O. Hawley, J. C. Montgomery, A. L. Petree, Geo. W. Graham.

QUESTIONS PROPOUNDED BY
THE BOARD OF MEDICAL
EXAMINERS OF NORTH
CAROLINA—SPRING
SESSION 1896.

PHYSIOLOGY.

BY H. B. WEAVER, M.D.

1. Name the *seven* digestive organs and the *functions* of each.

2. By what *means* do the *products* of digestion *reach* the general circulation, and what *changes* take place there?

3. What is the composition of the *blood* (physical), and *how* is it *elaborated*?

(a) Are the plasma and serum identical? and if so why?

(b) What are the nature and functions of the red corpuscles?

(c) Where, and out of what elements, are the white corpuscles produced?

(d) What is leucocytosis?

4. Upon the action of what *three* different forces does the circulation through the *venous* system depend?

5. I. Describe the properties of a spinal nerve, giving the *distinction* between its *anterior* and *posterior* branches.

II. Give diagram of the cord showing:

(a) Its roots and branches;

(b) The course of nerve fibres in the different columns.

III. Repeat Magendie's experiment.

6. Describe the Medulla Oblongata and mention its *chief* functions.

7. What is the chief office of the sympathetic system?

(a) What happens to a part, on division of its sympathetic nerves?

(b) On stimulation of same?

8. Upon what *nervous influence* does the *action* of the heart *depend*; and *how*?

9. Describe the structure of the *Iris*; give its *functions* and *nerve supply*.

10. Give the physiological arrangement and offices of each department of the *Ear*.

PRACTICE OF MEDICINE.

BY J. M. HAYS, M.D.

1. What evidence is essential to demonstrate that a disease is caused by a specific micro-organism?

2. What micro-organisms are almost constantly found in pus? Describe them fully.

3. Give diagnosis and treatment of empyema.

4. Describe fully the neuropathies most frequent as sequelæ of Diphtheria.

5. How is chronic Phthisis to be differentiated from chronic Bronchitis?

6. Mention the various forms of chronic Bright's disease, with characteristic symptoms of each.

7. Give symptomatology and treatment of Hodgkin's disease.

8. Mention four or more symptoms caused by Neoplasm of base of the brain.

9. Describe one of the following affections and outline treatment for same: Peliosis; Pemphigus; Rupia.

10. Give causes and treatment of chronic Laryngitis. Write out in full two prescriptions for same.

ANATOMY.

BY THOS. S. BURBANK, M.D.

1. Describe the frontal bone and give its articulation.
2. Name situation, boundaries and contents of superior carotid triangle.
3. Name the extensor muscles of the thigh and give their origin and insertion.
4. Describe the cæcum and give its relations.
5. Name and describe the ligaments of the hip joint.
6. Give origin, foramen of exit and distribution of the great sciatic nerve.
7. Describe the kidney and give length of ureter.
8. Name the arteries of the cœliac axis and give their distribution.
9. Give blood supply of foot.
10. Give nerve supply of knee joint.

 Miscellaneous Items.

HYPODERMIC INJECTIONS OF IRON FOR GRAVE ANEMIA.—In the treatment of grave anemia Menella (*Gaz. Herb. de Med. et de Char.*, 1896, No. 23) recommends the injection into the subcutaneous tissues of the gluteal region 15 minims of the first of the following solutions, followed at once by a like quantity of the second.

- (1) Take of
 Pure iodine 3 grains.
 Potassium iodide . . . a sufficient quantity.
 Distilled water . . from 2½ to 5 fluidrams.
 Mix.

- (2) Take of
 Iron and ammonium citrate . 15 grains.
 Distilled water . from 2½ to 5 fluid ounces. —*Med. News.*

AN AMUSING INCIDENT.—The *Lyon Medical* for April 26th contains the following account of an incident

which is said to have occurred in Chicago: A child was seized with a severe attack of croup during the night, and its father, whom we call B., dressed himself hurriedly and started for a physician. The night was an exceedingly dark one, and his wife insisted that he should take his revolver for safety. In turning a corner of the street he was violently jostled by an individual who excused himself and passed on, when B., prompted by a sudden impulse, felt for his watch and found it gone. Instantly he leveled his revolver at the stranger and called to him to stop or he would shoot; the man stopped and B. ordered him to give up his watch. The man obeyed, and B. proceeded on his way to the physician's house. On his return he recounted his adventure to his wife, who told him that she had taken the precaution to remove his watch from his coat before he left the house. Half an hour

afterward the physician, arrived very much excited, and stated that in returning to his house he had been stopped by a man who had robbed him of his watch.—*New York Medical Journal*.

It is stated that Dr. Playfair has withdrawn his appeal and compromised with Mrs. Kitson by paying her \$50,000 including the costs. A well paid woman.

There is an ordinance in the city of San Francisco which prohibits riders of bicycles from carrying children under a certain age on their bicycles. The Illinois Humane Society have announced their intention of prosecuting any person carrying young children on the front of their bicycles on the streets or roads.

The Medical Society of Virginia will hold its next meeting at Rockbridge Alum Springs September 8-10, 1896, instead of at Danville.

A competitive examination for position in the United States Marine Hospital Service, will be held in Washington, D. C., June 15th.

THE JENNER CENTENARY.—The memory of Jenner has received but little honor in this centennial year of his discovery of the efficacy of vaccination. The American Medical Association, so it was announced long ago, was to do many things in honor of this great man. A few weeks before the Atlanta meeting it was stated, apparently officially, that an entire day would be devoted to the celebra-

tion of the centenary, but the official programme distributed to the members at the time of the meeting contained not a word of Jenner nor mention of those who had promised to take part in the celebration. When the subject was brought up in general session the association flatly refused to give up a day to it, though it gave up the greater part of a day to a barbecue. Finally it was agreed that those who had prepared addresses could deliver them, if time permitted, after the general session. And so the great man was honored by sufferance, but it can hardly be said by co-operation, of the American Medical Association. In England the centenary of vaccination is marked by a destructive epidemic of smallpox in a town only a few miles from the spot where Jenner's investigations were carried out. In Russia, where the celebration was to have been much more elaborate than the proposed ceremonies in this country, the Tsar is being crowned; so Jenner is to wait until October. We have not heard in how far the good intentions of the Germans and Japanese to honor the English discoverer have been realized, but we trust better than those of the Americans and Russians.—*Medical Record*.

THE INDICATIONS FOR OPERATION IN PUERPERAL SEPSIS.—According to views published by Dr. Lewis S. McMurtry in the *American Journal of Obstetrics*, pre-existing pus tubes, uterine fibroid, or ovarian dermoid converted by the trauma of labor into activity as an infecting source, should

be treated by prompt resort to abdominal section. Septic endometritis, with or without putrefactive changes in retained clots and debris, should be removed by cleansing, antiseptics, and drainage. Thorough intra-uterine drainage and irrigation in appropriate cases arrest the septic process. Curettage in these cases, when the septic focus is limited to the uterine cavity, is too extensively used. The granular area of Bumm may be broken through, closed sinuses and veins at the placental site reopened—repeated chills and rising pulse and temperature making the invasion of new areas of infection—and nature's barriers to increasing infection torn away by the indiscriminate use of the curette. Plugging up the uterine cavity is positively contraindicated; drainage should be facilitated and not obstructed in these cases. Purulent

salpingitis, ovarian abscesses, and suppurative peritonitis, by progressive steps, may extend very rapidly, and the associated peritonitis may be circumscribed or diffuse; consequently careful and deliberate judgment must be exercised before resorting to coeliotomy. The time of the operation and the extent to which the operative procedure is to be carried also require sound judgment. Diffuse septic parenchymatous metritis and purulent metritis should be promptly treated by hysterectomy. Puerperal sepsis, wherein the local symptoms are those of diffuse peritonitis without localization of lesions, but wherein the uterus is presumably the focus of infection, is a grave condition and often justifies exploration and drainage, but hysterectomy will almost invariably prove disastrous.—*Medical Record.*

Reading Notices.

"For the past six years I have prescribed tongaline, liquid, and do not believe the combination could be improved upon for correcting the various forms of rheumatism and neuralgia. My experience with tongaline tablets goes to show that they are just as effective as tongaline, liquid, and in many cases much more convenient of administration."

JAMES VAN DEN BERGE, M.D.,
Grand Rapids, Mich.

GREAT SUCCESS IN ENGLAND.—J. A. De C. Williams, A.M., M.B., L.E. R. C. P. I., Killucan county, West Meath, England writes:

"I have much pleasure in informing you that I have obtained more than the average success met with in drugs when I used Pil. Aphrodisiaca (Lilly), more especially in cases of nervous prostration and sexual debility, patients often wishing to continue the pills after cure, they are so pleased with their effectiveness."

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Original Communications.

CLINICAL NOTES ON GUAIACOL.*

By H. A. ROYSTER, A.B., M.D., Raleigh, N. C.

Guaiacol constitutes from 60 to 90 per cent. of beechwood creosote. It is said to occur as a colorless liquid, having a peculiar aromatic odor, and readily soluble in alcohol and ether (National Dispensatory, Hare, Cerna, Shoemaker). Von Heyden, however, states that "the liquid guaiacol itself is never a pure product, containing only 75 per cent. of pure guaiacol." The pure drug exists in the form of crystals, which are white and hard, melting at 83.30 F. and remaining in this state for an indefinite time (Gilbert and Morat). We find, then, that there are two varieties of guaiacol on the market—one a colorless liquid, the other a crystalline solid which deliquesces in our climate into a fluid of an amber color. I have used both forms, but obtained decidedly better results with the last named preparation.

During the past year and a half I have had occasion to employ guaiacol in the treatment of various affections. It may be of some interest to give the results of my experience, based, as it is, upon records kept at the bed-side. My usual method for internal administration was to give 2 to 10 drops of the amber-colored fluid (deliquesced crystals), according to the age of the patient, in half-a-glassful of water at the intervals appropriate for the case. It is sparingly soluble in water (one in 85 parts, according to Helbing) but the few drops are suspended in the water sufficiently long for the patient to swallow. Given in the manner described, its diuretic action is remarkable, whether due to the necessary amount of water ingested or to the specific ac-

*Read before the North Carolina Medical Society, Winston-Salem, May 1896.

tion of the guaiacol, I cannot say. After a patient has been taking it for some days, its peculiar odor may be detected in the urine. It is also eliminated freely by the lungs and skin. The taste is at first somewhat disagreeable, but one quickly becomes accustomed to it. With the exception of a limited use of the carbonate, I have had no experience with the salts of guaiacol.

The first practical knowledge I had of guaiacol was its use, at the beginning of my hospital service, in the *diarrhœal disease of children*. The good results secured at that time, I have since confirmed over and over again. The marked influence guaiacol exerts over intestinal disorders is owing, probably, to its antiseptic properties. In children it seems to control diarrhœas wonderfully, not only diminishing the number of stools but relieving pain and reducing temperature. I have used it in several cases of enterocolitis, in doses of from one to three drops every three or four hours, always with a favorable influence, many times with perfect success. Children bear large doses proportionately well and rarely object to its administration after the method which I have followed. The ordinary diarrhœal affections of adults do not seem to yield so readily to the remedy; its action is neither so prompt nor permanent. For the relief of *flatulence*, guaiacol in small doses is very efficient.

In *typhoid fever* guaiacol has been extensively employed. I saw a large number of hospital cases recover under its administration. During six months of private practice, I have used it in four cases, all recovering. It gave entire satisfaction and, I believe, is the treatment *par excellence*, where, for some reason, the Brand method of bathing cannot be carried out in detail. But, I am not a blind believer in statistics. No treatment will be uniformly successful, for the fact that a man has typhoid fever does not render him immortal, or even nearly so. Sketches of my own cases will be given for what they are worth.

Case 1. was that of a young man, aged 22, who gave a typical history and who had all the classical symptoms of typhoid, except the diarrhœa. Saline purges were prescribed at suitable times in connection with the guaiacol, which was administered in three or four drop doses in water every three hours. At the end of seven days, the temperature was reduced from $102\frac{1}{2}^{\circ}\text{F.}$ to within the normal, without the slightest return of fever, although the typhoid rash which appeared on the day after I began the guaiacol, was still present. Normal temperature with blooming rose-spots is, at least, unusual. This phenomenon in the case would justify a belief that it was aborted; for, counting back from the first appearance of the eruption, we cannot say that the fever had existed more than from seven to nine days and this would make the total time of the fever's course only two weeks. During the third week the patient was convalescent and, at the end

of this period, sitting up. The effects of guaiacol on this patient's general system were very favorable. His tongue was kept clean, the skin was always moist and the kidneys excreted abundantly.

Cases 2 and 3. were both in children—a boy 3 years old and a girl of 7, brother and sister, the former being attacked five days after the latter had fully recovered. I will also mention the fact that the girl had been sleeping on a cot upon which an older brother had died of typhoid fever two months before. Both of these children came under my care early in the disease. The symptoms were well marked—epistaxis, diarrhœa, stupor, tenderness in right iliac fossa, etc., in both cases, with rose spots in the girl's case, not in the boy's. Examination of the blood in both cases gave negative results. In the case of the elder child, the temperature, which remained for the first four days above $103\frac{1}{2}^{\circ}$ was reduced steadily to normal under six days' treatment with guaiacol, though on the next day a slight recrudescence (reaching as high as $101\frac{1}{2}^{\circ}$ F.) intervened until it was again normal in twelve more days, after which the patient quickly recovered. In the younger child's case the temperature fell to normal from $102\frac{1}{2}^{\circ}$ F. (axilla) in ten days and never returned. In each case I began with one drop of guaiacol every three hours, increasing rapidly up to three drops, which dose was maintained as long as the fever lasted and gradually reduced as convalescence was established. The general effects of guaiacol in these cases were equally as favorable as in the first one reported. I am prepared to confirm the statements of those authorities who have found guaiacol of especial value in the treatment of typhoid fever in children.

Case 4. A colored woman, 30 years of age, admitted to my service at the Rex hospital last October. The history was unsatisfactory and the symptoms not distinctive, though I diagnosticated the case clinically as one of typhoid fever. She had a stuporous appearance; her tongue was dry and tremulous; the spleen was enlarged; her temperature soon after admission was $104\frac{1}{2}^{\circ}$ and her pulse 80. The influence of guaiacol in this case was not decided. Though given in large doses, five drops every three hours being the maximum, it did not control the fever, as in the other cases. The cause of the temperature was undoubtedly modified, but its fluctuations were irregular and the patient was not entirely rid of fever until the 24th day of the disease. Sponge baths were given as an aid to the treatment. The usual effects of the guaiacol were manifest, however, and the patient's condition was never at any time regarded as being critical. This case is a representative of a large number in which guaiacol acts favorably as an intestinal antiseptic and a mild antiseptic and a mild antipyretic, without cutting short the duration of the disease. I have never seen a single instance of the depressant or toxic effects of guaiacol.

In several cases of malarial fever and in some of those obscure fevers of

doubtful origin, I have applied guaiacol *externally for the reduction of temperature*. My plan has been to paint twelve to fifteen drops on the abdomen by means of a camel's hair brush, to rub it in well and then to cover the part with oil-silk. In one case, I noted particularly that the temperature was reduced from $102\frac{1}{4}^{\circ}\text{F.}$ to $99\frac{1}{4}^{\circ}\text{F.}$ in a half hour, without depression and accompanied by not half so much sweating as five grains of phenacetin produced in the same patient.

As a remedy in tubercular affections guaiacol is universally pre-eminent. It was in this relation that Sahli first proposed guaiacol as a substitute for creosote. Jacobi, of New York, highly recommends it in the tubercular diseases of children. I gave it a systematic trial in two cases of *intestinal tuberculosis*, one being a 12 year-old white boy, the other a colored boy of 17 years. Of course, in both cases the drug was simply palliative, but its control of the diarrhœa and the relief of the abdominal pains, so often present in the later stages of the disease, were noticeable. The patients were rendered, comfortable and, I believe, their lives prolonged by the use guaiacol. The dose was two to four drops three or four times a day.

As a *local application to the throat* in tonsillitis and pharyngitis, guaiacol is decidedly of service. I have usually combined it with equal parts of glycerin and painted it on with a long-handled brush. I recall one case in which this combination applied every three hours apparently aborted a "quinsy," while a similar attack in the same patient two years previous had progressed to suppuration and rupture.

About a month ago I treated a case of *epididymitis* with an ointment of guaiacol (20 grains to an ounce of lanolin), rubbing it in thoroughly three or four times daily and enveloping the organ in a piece of rubber tissue, the patient being confined to bed. It did very little toward diminishing the severe pain, though it reduced both the local and general temperature, and seemed to check the inflammatory process. It showed, however, some tendency to irritate the skin.

DISCUSSION.

Dr. Gwathmey:—I can confirm from observation Dr. Royster's paper. In fact I used guaiacol extensively two or three winters ago, making local applications in all cases of typhoid fever for one winter. It certainly has the antipyretic effect he has attributed to it. In cases of phthisis and fever where the bath treatment cannot conveniently be used it brings down the temperature and renders the patient comfortable. It will give local relief and lessen the temperature.

Dr. Royster:—I have simply tried to set before you in a thorough concrete way all that I have done and seen and found in the use of guaiacol. I am prepared to confirm in return what Dr. Gwathmey has said of it in his experience in Philadelphia.

A RARE SOURCE OF ERROR IN THE DIAGNOSIS OF INGUINAL HERNIA.

BY E. G. GOODMAN, M.D., El Paso, N. C.*

It is not my purpose to entertain you with the details of any new operative procedure, or to promulgate any new theory; neither is it my desire to weary your patience at length with rehearsals of obsolete dogmas, nor with recitals of theories that are familiar as household words.

There is, perhaps, in the experience of nearly every practitioner some instance of mistaken diagnosis, due to the absence or obscurity of some important symptom; or to the presence of others so rarely met with as to escape recognition.

While uniformity is nature's rule, yet, this rule is far from being absolute. The congenital absence of some organ, the redundancy of others, and the transposition of viscera have all been fertile sources of error to confuse the unwary, and even to mislead the skilled diagnostician into the adoption of methods of treatment, alike injurious to the patient, and detrimental to his own professional reputation.

When the surgeon is called to examine a case of inguinal or scrotal tumor, there are various pathological conditions to be kept in mind—such as hernia, hydrocele, hæmatocele, varicocele, etc. These, as a rule, are readily differentiated; every one having its characteristic symptoms sufficiently distinctive to separate it from the rest.

It is not, however, to be presumed that the diagnosis is always easy in any given case, when we remember that eminent surgeons have committed the gross fallacy of tapping a hernia for a hydrocele. Such instances stand out as a warning against hasty conclusions, and unwarranted inferences; and teach the necessity of carefully weighing every possible source of error in every case.

If a case is presented of inguinal or scrotal swelling; perhaps, the first impression of the surgeon would be that he had to deal with a hernia. If he is told that the enlargement began above and travelled downward; if on examination it is found to become tense and to impart an impulse to the fingers, laid over the tumor when the patient coughs; if it readily disappears under pressure or when the patient assumes the recumbent posture, and is prevented from returning by pressure, but reappears on removal of pressure—in such a case the diagnosis of hernia would seem to be complete. Add to this the fact that, both testicles are normally situated in the scrotum, and it would seem that the last source of error had been eliminated; for Bryant lays down this rule: "If the surgeon would always be careful to examine for the

*Read before the North Carolina Medical Society, Winston-Salem, May 1896.

testicles in the scrotum, he would never fall into the error of mistaking an undescended testicle, or one lodged in the inguinal canal or at the internal ring, for a hernia or any other disease."

It is to prove an exception to the foregoing rule, that I wish to report the following case. The patient was a little boy about five years old. Over the right inguinal canal was an ovoid swelling which imparted an impulse to the applied fingers when the patient coughed.

On application of pressure the tumor was readily made to glide back into the abdominal cavity, and remained there so long as pressure was applied. On removal of pressure the enlargement resumed its former proportion. Both testicles were in the scrotum. The diagnosis was oblique inguinal hernia. As a palliative measure I applied a truss; and on account of the tender age of the patient, I entertained some hope of a permanent cure. On revisiting my patient I was informed that the truss could not be worn. It caused such pain and other evidence of inflammation as to render its use unbearable. On examination it was found that the tumor was much increased in size; had extended through the external ring, and was irreducible. Further examination revealed the fact that, the supposed hernia was nothing other than a third testicle, tardy in its descent, and by gliding into and out of the inguinal canal accurately simulated a hernia.

During the movements of the child it was caught under the pad of the truss and forced through the external ring; and, becoming swollen from the injurious pressure could no longer be made to enter the canal. Its deceptive appearance ceased as soon as it passed the external ring; where, being surrounded by the loose scrotal tissues, it could be easily manipulated and its true nature ascertained.

The truss, of course, was no longer necessary, unless a hernia later on follows the testicle, which would seem likely to occur if the vaginal tubular process of peritoneum has not been obliterated by inflammatory adhesion of its walls.

INFLUENZA.*

By G. T. SIKES, M.D., Grissom, N. C.

Influenza, or la grippe as more commonly called, is an influence that was formerly thought to be due to the stars; but more recently defined as a specific contagious epidemic affection, characterized by a catarrhal inflammation of the mucous membrane of the respiratory tract, accompanied by a mild purulent discharge, fever and prostration.

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This disease is by no means of recent origin or sectional habitat. It has the custom of manifesting itself by epidemics, which have occurred now and again since early in the sixteenth century. Parks traces epidemics back as early as the ninth century and it is highly probable that even prior to this some nook of earth was not entirely a stranger to its dreadful influences.

It seems to be at distinct intervals that it visits certain sections and an epidemic lasts from two to four years and may in that time attack the entire habitable globe, but again it has been known to visit the whole of Europe in six weeks, and again a month has been consumed in the spread of the epidemic from London to Edinburg, a distance of about three hundred miles. Bartholow says: "As it prevails under all conditions of soil and climate and is not contagious there must be present some morbid influence in the atmosphere."

And this, it seems would best explain the spontaneous epidemics that occur, but just what this morbid influence is I am not prepared to say, but it would seem quite reasonable to admit that it is a minute organism, and by so doing we would not wound the scientific deductions of our germ theorists. During the different epidemics it has been observed that various kinds of fungi flourished in unusual abundance. If it should be classed among the contagious diseases special mention should be made of the fact that there is no regular period of incubation, for attacks occur immediately on exposure in one case and in another it takes days to develop. But it makes no difference how sudden or how long a case may be developing or how severe it may be in type it is no protection against another attack. By reference to Dr. David Ramsey's *Historical Works* we learn that this unenviable visitor first introduced itself to the United States in the year A.D. seventeen (1789) hundred and eighty nine and at that time traversed the whole country and was attended by the Death Angel who dispatched his work with precision in certain places, and especially among the slaves of South Carolina, culminating on the plantation of one Wm. Alston who was left minus of thirty-five adults of this class.

The pathology in this attack was extended to the entire mucous membrane of all the frontal passages, and was attended with deafness, loss of taste and smell for a long time.

The second great attack came eighteen years later, in 1807, in which visitation it spared neither age nor sex but many children escaped with little or no inconvenience, but the reverse was the case with the aged. This attack was so universal that it was difficult to find a sufficient number of persons in health to attend the sick, and in a few weeks it is supposed that half the population of Charleston had been afflicted with the disease. Nor was it confined to the fourteen thousand cases in the city, but spread to the entire surrounding country, but with a much smaller death rate than the previous attack had.

The medical treatment during these attacks was, it seems, in keeping with customs most popular at the time and was chiefly such as bleeding, blistering, emetics, cathartics and sudorifics.

In the early visitations of influenza it resembled yellow fever in commencement, with pain in and over the eyes and red streaks over their whites. A sharp acid secretion was discharged from the nostrils. In such cases a hoarseness and soreness of the throat was usual, a tightness and a stricture across the breast with a dry cough, was common. In the aged the disease assumed the form of pneumonia, in the young and plethoric that of a pleurisy. Persons of a consumptive diathesis or who had been subject to old coughs or diseases of the chest suffered most and oftenest relapsed; spitting of blood and other precursors of consumption attacked such patients after the disease had in their cases apparently vanished and generally disappeared. An uncommon increase of consumption followed in the year 1868 which exceeded any thing ever before known in the path of the attack.

There seems to have been other visitations from time to time but perhaps not so universal nor so serious as the one that presented its compliments to such a vast area of country, in the years '90, '91 more or less since. The symptoms of our seige did not differ much from those of the early part of this century, except that we were usually warned of the approaching attack by incessant sneezing, with chilly feelings up and down the spine followed by headache and slight cough which comes by paroxysms and is especially troublesome at night, no expectoration, a general sore feeling, slight constipation and marked soreness over the abdomen, eyes and nose discharge freely; the temperature reaches about 100 or more and it continues for a few days and the sthenic cases recover, but the less fortunate grow more despondent with weak pulse, increased respiration, bronchial rales over the lower part of one or both lungs posteriorly, tongue tremulous, flabby and coated; oftentimes the patient will lack some of these special symptoms and will seem to suffer more from a giddiness or dizziness with profuse perspiration, a general soreness and pain in the bones, sick stomach and marked debility. There seems to be one peculiarity of this disease that is, that with a given amount of disturbance there seems to be a more complete relaxation of the entire nervous system than with perhaps any thing in the range of our acquaintance. But as there is not apt to be much trouble in making a diagnosis of this disease it is of vastly more importance to be able to arrive at something like a definite prognosis with a certain amount of assurance that with prudence the case need not prove fatal, but it requires much caution on this point and especially in old age, and feeble hearts and cases that already have a predisposition to consumption. The treatment of a disease that seems to affect so nearly the whole human anatomy and cover so much of the earth's surface has engaged alike the professional skill of the sage, critic and crank,

but there seems to be as much diversity of opinion in this as any other disease, yet many practitioners have alike been quite successful in the treatment, although their mode was quite different. It is an evident truth that the treatment of any disease requires the skillful eye of the physician to discern with telescopic precision the approach of any evil change that might be warded off; and in warding against such attacks it will require a digression from the regular marked channel, and it would be difficult to imagine a body with more runners in search of new channels than the one under consideration; so in part that will apologise for the width of the channel in our opinions and experiences. One finds relief from his great confidence and perseverance with quinine and opium, which I do not question as to their virtues, another relies chiefly or entirely on antikamnia, which I am sure has a just right to our mention and also trial as an anodyne; another has confidence in whiskey, which I do not think deserves to be mentioned among the remedies, and another has his own favorite prescription which I do not wish to under value for I also have a favorite which after a varied experience has nearer met the common, the uncommon, and intermediate demands of the disease than anything else I have tried viz.

℞—Bromide Pot. and Chlorate Pot. . . . aa gr. ijss.
 Paregoric and Sweet Spts of Nitre. . . aa ℥ ijss.
 Simple syrup 3 ij.

Sig. every hour or two according to the severity of the case and susceptibility of the patient; with a turpentine stupe over the irritated part or parts of the chest. This would be entitled to the term of "*sine qua non*" in the treatment of this gigantic enemy of mankind with me. But I would not dare ask this scientific body to adopt my opinion in the great battle for life, health and wealth against an enemy that cost Great Britain in the year 1889 the enormous sum of \$10,000,000, one half of which was paid by insurance companies and the other half caused in the loss of wages, and if to this we add the vast sum of human energy that it has destroyed, and the check that it everywhere put on the wheels of human industry, and the wrecked constitutions that are left behind without any hope for restitution it aggregates an amount beyond computation and incomprehensible.

DISCUSSION.

Dr. Kent:—I have listened with much pleasure and interest to the paper just read, and it brought to my mind the fact of the great diversity of types in influenza. Among the types I have seen was one that the doctor failed to mention, or at least a set of symptoms he failed to mention that were of special interest to me in a case of influenza—that is the nervous symptoms resulting in convulsions and coma. In four cases I had protracted coma, a convulsion first, and then settling down into coma. One of these cases of

coma lasted about five hours. Another case first had convulsion, then settled down into coma which lasted eighteen hours. A third case the child first had a convulsion, and then coma which lasted twenty-six hours. In one case in which I was in consultation with a fellow physician, we were in doubt as to whether we did not have meningitis, the coma was so prolonged. It lasted four days, but during that time there was a lack of rigidity of muscles, and we were of the opinion that it was nothing but a case of influenza with this protracted coma after convulsions. I cannot give the treatment I pursued in any of these cases. They differed in every respect except they had coma, and I treated for that. These cases made nice recoveries.

Dr. Sikes:—I do not remember myself to have seen a case that went into a genuine condition of coma, but I have noticed over and over again the very great amount of nervous excitement there is in this trouble. Perhaps there is more nervous disorder for a given amount of apparent disease than in anything else that I can call to my mind at present. A word in regard to the treatment. I do not think anybody could map out definite and positive laws for the treatment of this disease from the simple fact that there is such a difference in the different cases. In treating an epidemic of influenza—all of you have observed it, for it has visited every part of the State—we would hardly find any two cases that were alike. We find different cases with a good many different symptoms, and a good many cases with the same symptoms, but strictly speaking it is hard to find any two that are identical, and of course we have to adopt the treatment to the case; and I know of no better treatment than the one I spoke of in the paper.

THE VALUE OF RECENT THERAPEUTIC LITERATURE.

BY J. C. MONTGOMERY, M.D., Charlotte, N. C.

The assertion of the progress in science of this century is not needed, and a year ago it would seemed trite enough to have exalted its achievements. But now, within a few years of the new century, and all within the space of a few months, developments and discoveries, few in number, but of importance enough to fairly overthrow all our ideas of the limitations of man's power, have been thrust upon us. As the proud nineteenth century draws to a close, it would seem that its representatives have good reason to be proud of the legacy to be left by them to succeeding ages. It is only necessary to go back a few years to see that in medicine, as in every other field of scientific research, the advancement has been great. Medicine shares with art poetry, philosophy, and fiction, and to the painstaking, careful investigator,

who has the gift of imparting to others that which he himself possesses, is due the noble stand which medicine has taken in this active century. All literature is but recorded thought or knowledge. It is by the study of our literature that we expect to profit; upon our library shelves are stored the best thought of the most brilliant minds from every civilized nation under the sun, and to these works of nature we ever turn that we may benefit and confirm or reject a pet impression made upon our mind by perhaps limited experience. As a mine of gold ready to be developed is the unopened cover of many a medical classic. We may classify our literature into a special and general class. There is a tendency to specialism in medicine itself, so in its literature there has been a necessary classification and everywhere the endeavor has been made to give that which is richest and best all grades of student life. Anatomy can be satisfactorily studied because the eye and touch convey to the mind the truthfulness of the teachings of its literature. So with chemistry, physics, physiology, and to a large degree pathology and histology. It is when we approach those studies in which theory to a great degree forms its literature that our investigations and reading become unsatisfactory. General medical practice itself presents little difficulty until we pass to the application of knowledge to the relief and cure of the patient. This the supreme desire of medical study, becomes with the learned the most unsatisfactory and unreliable of all. Beginning with the fundamental studies of anatomy and physiology, all through medical life the never ending stream of thought pours through its literature a flood of knowledge, ever tending to increase the doctor's influence. Most voluminous of all is the literature of our therapeutics, and it is certain that nowhere is there more unsatisfactory study than in the attempt to reconcile the results of active practice with the reports made by those whom we consider authority. The experience of the practitioner is mainly so disappointing that all statements as to the results of treatment are received with suspicion, and it is only when the united testimony of many experiences gives unvarying results that we are able to use with confidence any line of therapeutic procedure. The therapeutic literature of the past was neither voluminous or definite; that of the present is extraordinarily voluminous and perplexingly indefinite. The faith of the fathers has been supplanted by the uncertainty of the present generation. We are accustomed to pride ourselves that in the great work of prolonging life we have been successful beyond all that has gone before, and he who reads believes that we have learned to so combat sickness and death as to add much to the probable length of human life. Analyzing the totality of statements, do we really find that the giving of medicines to the sick has been greatly more successful than was the medication of fifty years ago? Does therapeutic literature teach that more has been done with drugs than formerly? Does it not prove that the fear of overdoing has been more

potent than the doing? In other words, has not the modern therapist learned from the enormous volume of his literature that uncertainty of action is more fully established than precision? The great number of remedies proposed by writers shows the unsatisfactory result of experience in the use of the old ones. Do not understand me as saying that the study of years has not brought with it expected benefit or good to the world. I do say that medicine has advanced with wondrous strides, but only because we have learned how not to give medicines rather than how to give them. The advance has been made in the understanding of causes of disease with means of prevention, rather than in the ability to combat by medication pathological processes already established. The conducting of a case of pneumonia through all of its self-limited stages without active drug administration, shows a far greater medical acumen than does the recovery of the patient in spite of heroic dosage. No greater advance was ever made in medicine than when it was shown that disease is in most cases self-limited, and that nature, with powers vastly more reliable and powerful than we can substitute, generally tends to cure. The value of recent medical literature can only be determined in two ways: First the author must be known as a skillful practitioner, and secondly his writings must bear the impress of truthfulness, learning and common sense. Novelty never inspires faith. It is to the old tried remedies that we turn in an emergency. The report of the treatment of one case is valueless unless by similar cases the same result is observed many times repeated. Many persons ill, recover in spite of the remedies, not by reason of their administration. There are some of us who seem to revel in the use of all new drugs, and are only happy when experimenting with recent additions to our altogether too long a list of remedies. There are others who refuse to even study anything novel, preferring to cling to tradition rather than literature. Much of our recent literature is the result of observation too limited in time or extent. The result of administered medicines is often published before the full action or effect is noticeable. The writings of many of our best clinicians bear the impress of truthfulness and learning. When found in lectures to their college classes or in articles read before medical societies, they more often carry weight, because rarely do such authors reason from insufficient data. But the writings of hundreds of essayists as produced in our medical journals either carry no weight or are positively instrumental in unsettling in the minds of some facts which seem already firmly established. Let common sense control your mind, so that in your reading your impulse will be to accept only that which reason tells is true and wise and sensible. That literature which teaches that remedies are but nature's assistants will live, but that which spreads theories opposed to nature's laws must pass away and moulder and decay. The value of our recent therapeutic literature depends entirely upon the matter presented and

the character of the writer. Preconceived ideas must not be proven by mis-statements or perversion of facts. Theories of themselves are worthless, and can only give zest to speculation. One fact proven is worth any number of theoretical vaporings and the literature of the present as well as of the future, to be worthy the honored class it seeks to represent, must be shorn of all that springs from ignorance, egotism, falsehood, fashion and avarice.

Society Reports.

NORTH CAROLINA BOARD OF HEALTH.

Conjoint Session with the State Medical Society, May 13, 1896.

The Conjoint Session was called to order by Dr. Geo. Gillet Thomas, President of the Board of Health.

As the first order of business the session listened to the following address of the President:

The cause of preventive medicine, which we represent, is receiving everywhere the increasing support of the laity and the law-makers; and it behooves us, therefore, to carefully consider all the problems that the session may present to us.

Men of thought and genuine public spirit, men who are not politicians from any selfish motive save the laudable ambition of helping and being accounted as promoting all measures that will bring the greatest good to the greatest number. Men of scientific attainments, not the mere scholar and student, but men possessed of knowledge that they can and do turn to a practical use, all men of great worth and close observation are flocking to the aid of the sanitarians.

In proof of this the meeting of the American Public Health Association is largely composed of laymen, but they are just as much interested and in earnest as the professional men and the quota of the work which these lay members furnish is just as important and impressive as that sent in by the members of our medical profession. We feel, therefore, that we ought to seriously ask ourselves if we each and every one are doing all in our power to aid in the work of the Board of Health of this State.

During the year just ended, your Board of Health has been less conspicuously employed than in former years, but they have been none the less active. Under the skillful guidance of their most efficient secretary, Dr. R. H. Lewis, the work has become more and more systematized and the only flaws of im-

portance in the laws at the present are the want of more mandatory powers, and more money to effect the execution of the orders of the Board.

The health meeting at Washington, one of the missionary sanitary conventions, of the purpose and scope of which you were apprised last year, was a marked success and is bearing legitimate fruit right now. These meetings will be repeated just as often as possible. It must be remembered that the personnel of the Board is composed of active practitioners and laymen who are always intensely engaged. Due consideration for the life work of these men must be had always in projecting and carrying into effect one of these meetings. There is no doubt that the examination of drinking water here and there all over the State, examinations made to clear up the history of outbreaks of disease, has opened the eyes of the people to the necessity of more care in the provision of the water they use. Coupled with this is the work of Dr. Lewis in the study of the connection of malaria with drinking water. It is quite impossible to measure the extent of good that is the outcome of his earnest labors in this field. I know of a certainty that it has impressed people who have never heard of or read his excellent monograph, but have come into possession of the facts which he so admirably set forth. Those of you who saw the exhaustive report of Dr. Pate on the sample of water sent to him from Wilmington, and the clear connection that his examination established between the drinking water used at a gathering of young people and certain cases of typhoid fever occurring among them, will realize of how much importance this new departure of the Board of Health is worth.

I believe it is a fact that typhoid fever, that deadly scourge, is a preventable disease, and that gradually it will be so environed by preventive measures, that it will be stamped out. This hope and belief is no doubt to be realized in a future, more or less distant, but it is a well founded hope nevertheless. Tuberculosis, the great rival of enteric fever will also be controlled, and materially lessened, or be made to vanish, as the laws for its control are gradually evolved from the study and efforts of the sanitarians. These are not vain hopes, or utopian dreams. Cholera has been controlled, yellow fever has been stopped at the border, smallpox is isolated and checked by vaccination, and these are the work of health authorities.

There is a subject worthy of your serious consideration both as citizens and physicians. There are, as many, I might well say all, of you know, a large class of insane people who are classed as incurable, and on account of the incurability of their mental troubles they are in some of the counties gathered in the alms house—in others confined in jails, and in all of the counties a large number of them go about at large, constituting a menace to the communities in which they live, as well as often imposing a burden upon the household that is really unable to care for them. It is safe to say that no in-

sane person, no matter what the character of the mental aberration may be, is other than a dangerous person and liable to do damage at an unlooked for moment; or in the case of females become the pray of brutal men. This subject was presented to you in Raleigh at the joint session of 1893 by Dr. Hodges, and it is opportune now to revive it. He did not suggest any plan for the relief of these demented that was seized upon. It seems now that something ought to be done, and to elicit discussion and an exchange of opinion, I propose that you consider the propriety of asking the legislature to provide district asylums for these people. The general asylums are not large enough to accommodate them, nor is there any provision for them in the financial budget of the State. As you meet them in your rides through the city streets or along the county roads, or see them in homes, where they are unwelcome inmates, you often wonder why some sort of law is not enacted, providing for the isolation and care of the poor helpless creatures.

At present, as I have said, they are cared for in some places better than others by the county commissioners and are pensioners upon the tax payers. It seems that these demented could be gathered together in groups, as for instance all of the counties in a congressional district sending their pauper insane, who can not be admitted to the general hospitals at Raleigh, Morganton or Goldsboro, to a hospital to be established at some central point in the district and maintained by the counties comprising this district. If too many counties were in any of these districts other divisions of fewer counties might be made. Provisions for the control and care of these hospitals and the inmates could be made by a general board of control under the guidance of the Commissioners of Charities, assessments to be laid on each county according to the number of inmates sent. This plan would increase the salaried officers of the State and unfortunately would necessitate more political appointments.

This plan or some other should be adopted for the care of these unfortunates, and this would naturally lead up to the establishment of schools for feeble minded children, enabling them to be taught to be of some service to themselves and to the State. This neglect of these stricken people has been too long allowed, and their wrongs and needs cry aloud for redress. We hope to have the matter seriously considered and to present it again until some action is taken.

There is another subject that needs legislation.

The health resorts of the State are growing in number and importance. Those that have risen to the rank and dignity of towns are under some sort of medical and municipal control. But the large majority of these places, provide only for summer visitors, and are under no regularly instituted supervision in matters of hygiene. The consequence is that sickness of more or less serious nature in the first thing that arouses these people, the hotel and

boarding house keepers, to the necessity for any care for their sanitary surroundings. It would seem therefore, that at any of these resorts where large numbers of our people congregate during the hot months of the year, if there is no responsible health officer to direct matters, that the Board of Health of the State should have the power to interfere in behalf of both the householders and visitors and establish rules and regulations for their safety, with the power also to inflict penalties for violations or neglect.

Let me thank you for your interest in the work which, as your delegated authority, we have been doing and bespeak a continued and increasing interest in the labors of the Board of Health.

Dr. O'Hagan said:—I am sorry to say that in many instances the position of health officer in many counties is eagerly sought for and competed for by medical men who have not the honor of the profession at heart, nor who duly appreciate its dignity. It has degenerated down into a little miserable petty office which has not been properly remunerated. The suggestion made by Dr. Thomas as to the sanitary control of mineral springs and health resorts is I think very timely. I beg to suggest to his consideration and that of the Board that there should be some legislation giving them power to exercise jurisdiction over large boarding schools throughout the State, which I think, in at least one instance that I know of, totally disregarded all sanitary laws. There has been a lamentable neglect of control of these institutions as to proper feeding, sanitation of building and the surroundings, proper lighting, ventilation, etc. In some I know the pupils have not been properly fed. I know one instance where the water which was used for ice was taken from a pond which was largely contaminated by poultry and other living animals, and large portions of filth, etc., had been piled up during the winter season for the use of the pupils the following season. Sanitation was grossly neglected. Then the lighting of the study rooms was insufficient and unhealthful, and the result was a great prevalence of eye diseases. Whether the present sanitary legislation of the State empowers the Board of Health to pay regular visits, I am not aware, but if it does not give power to control these matters to some extent, it certainly ought. As to the care of the insane I appeal to the members of the Society to interfere in some way or other for the relief of these unfortunates. But even supposing that there was any efficient legislation I think that there should be an entire change in the methods of providing for the care and sustenance of these unfortunates. We have been spending large sums of money in completing buildings, and if this money were properly distributed, it would enable us to take care of twice that number in a more efficient manner. I make these suggestions, that there should be some means by which sanitary visits should be paid to public schools, that it should be made the duty of the superintendents of education (who are generally unfit for the position) that they should insist that the light, venti-

lation, and drinking water should be the best that can be had. In many instances I know the drinking water is not good. I know that the light and ventilation is totally insufficient, and prejudicial to study and health. I think that instead of having great central hospitals like those of Goldsboro and the Raleigh Insane Asylum, which would involve an enormous expenditure of money, they should be done away with, and a building of more humble degree should be erected in each congressional district, and the expenses would come immediately out of the pockets of the people of that Congressional district, and the one who has charge of this building would be held strictly accountable for the condition of it, and would be directly under the eye of the friends and relatives of the unfortunate inmates.

Dr. Murphy agreed with the President that no insane person could be considered as safe—they are liable to become dangerous at any moment. He explained the condition of the buildings of Morganton, and while the cost per bed at the present time was above \$200 probably, this included the original cost of the grounds and executive buildings. He had mapped out plans whereby additional quarters could be supplied, on the colonization plan at considerably less than \$100 per bed. He thought it would be more economical and more beneficial to provide room at the existing asylums than provide many separate institutions.

The Secretary, Dr. R. H. Lewis, read his report which was received.

On motion the conjoint session adjourned.

NORTH CAROLINA MEDICAL JOURNAL.

ROBERT D. JEWETT, M.D., EDITOR.

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This JOURNAL is published on the fifth and twentieth of each month, and any subscriber failing to receive his copy promptly, is asked to announce the fact to this office.

Cuts will be provided for any original communications (sent to this JOURNAL only) requiring illustrations, free of cost to the author.

Secretaries of County Medical Societies in the Carolinas are asked to furnish condensed reports of their meetings to the JOURNAL.

All communications, either of a literary or business nature, should be addressed to, and remittances made by P. O. Order, Draft or Registered Letter, payable to ROBERT D. JEWETT, M.D., P. O. Drawer 825, Wilmington, N. C.

Editorial.

The Jenner Centenary.

On the 14th day of May, 1896, Edward Jenner inoculated with cow-pox James Phipps, an 8 year-old boy. The matter was taken from the hand of Sarah Nelmes, a dairy maid. Six weeks later, on the 1st of July, Jenner, with intense anxiety, as may be well imagined, inoculated the boy with pure variolous matter taken directly from a small-pox pustule, *but no disease followed—the boy was immune.* The fact that cow-pox rendered the sufferer immune to variola was known years before among the milkers of Jenner's section for it was brought to his attention during his student days, but to him is due all the credit for the good that has followed the discovery. The idea, having impressed itself upon him, he clung to it—

thought about it, studied about it, wrote about it. It was not until 1780 that he felt sufficient confidence in his conclusions to impart them to others, viz., that by imparting cow-pox from one person to another all persons could eventually be rendered immune to that dread disease, which claimed its victims by millions.

To enable him to vaccinate the great numbers of persons who came to him, after the truth of his theory was accepted, he built in his garden a small laboratory which he called the Temple of Vaccina. As early as 1802 a committee was appointed in the House of Commons to report as to making a grant to the discoverer of vaccination. In the course of the report the chairman proposed that a grant of £10,000 be made to him. He stated that "Jenner had been t

means of saving 40,000 lives per annum in the United Kingdom alone." It is true that the whole world owes to this man greater honor and glory and praise than to any other who ever lived, for to his indomitable perseverance and untiring energy, his wonderful perception of a fact that lay hidden from the eyes of other scientists, millions upon millions of people of all nations have been saved from death. And yet, how little attention has been given to commemorating the centennial anniversary of his discovery. On that day the State Medical Society was in session, but no mention was made of the great event. His fame, however, is too great to need special exercises to make it known among men.

The *British Medical Journal* has made its issue of May 23rd the "Jenner Centenary Number." The whole volume of seventy large, double column closely-printed pages is devoted to vaccination and its discoverer. It gives his life, with numerous portraits of the great man after different artists. It reviews also the history of vaccination during the past one hundred years as regards its growth and the position it occupies in public opinion. The volume contains thirty handsome colored lithograph plates, comparing the lesions of vaccination and variola from the end of the second day to the sixteenth. The copy is a complete volume in itself, and should be read and preserved by all physicians, who would inform themselves about the life and history of Jenner and vaccination.

Anatomy Prize.

Anatomy is the ground-work upon which all other medical education should be built. It is true that the general practitioner forgets much of the minute anatomy he learns at college, and the surgeon pays little attention to such things as muscular branches of arteries—he cuts, and if an artery bleeds, he ties or twists it, and does not stop to ask himself where it began, what its course, and what it nourished. Still, as this foundation is or is not well laid, the practitioner does or does not thoroughly understand the other things he is taught and is more or less ready to render his patient the best service. We have heard it stated that among those applicants rejected by the Board of Examiners, during a number of years past, nearly all have shown an especial deficiency in a knowledge of anatomy. Some who would have been granted license on their other examinations, failed because of a decidedly low mark on anatomy.

To stimulate an increased effort on the part of applicants to make a special effort to perfect themselves in this branch, and to draw especial attention to its prime importance, the NORTH CAROLINA MEDICAL JOURNAL hereby announces a prize, to consist of a pocket case of surgical instruments and a year's subscription to the JOURNAL, to be awarded to the applicant making the highest grade on anatomy, the prize to be forwarded to the successful applicant immediately after his name has been furn-

ished to the JOURNAL by the Secretary of the Board.

The prize will not necessarily fall to the men who win the Appleton and Harvey prizes, for their average

grades may be made up from other branches. It is even possible for one who fails to obtain his license to win this prize, but we think it is *hardly probable*.

Reviews and Book Notices.

Diets for Infants and Children in Health and Disease. By Louis Starr, M.D., Editor "American Text Book of the Diseases of Children." Price \$1.50 net. W. B. Saunders, Philadelphia. 1896.

This volume consists of detachable sheets arranged in sections, and upon which are printed the articles of diet most desirable for different ages and various diseased conditions. The physician has simply to run his pen through those not desired and insert the quantity for each meal of those articles he desires to give, detach and give to the mother or nurse.

The Three Ethical Codes. That of the American Medical Association; Its Constitution, By-Laws, Amendments, etc. That of the American Institute of Homœopathy and that of the National Eclectic Medical Society. Limp cloth, round corners, 55 pages, postpaid 50 cents. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

By comparing the Code of the Homœopathic Society with that of the American Medical Association, it will be found that several sections of the former are similar to the latter's code. The Eclectic Code is worthy of mention for its brevity.

Diagnosis and Treatment of Diseases of the Rectum, Anus, and Contig-

uous Textures. Designed for Practitioners and Students. By S. G. Gant, M.D., Professor of Diseases of the Rectum and Anus, University and Woman's Medical College, etc. etc. With two chapters on cancer and colotomy. By Herbert Williams Allingham, F.R.C.S., Eng. Royal octavo, cloth 400 pages. The F. A. Davis Company, Philadelphia. 1896.

While, in the words of a recent writer, the recto-vaginal septum seems too thin a wall to form an impassible barrier between two classes of specialists, the present volume gives sufficient evidences that there is enough work posterior to this barrier to engage the entire attention of a man, if he would become proficient. The volume is illustrated by numerous wood cuts and lithograph plates. Some of the latter are excellent, while others seem to be more ornamental than useful.

The author treats each subject clearly and in a practical manner that will be appreciated by the general practitioner. Each chapter is followed by cases illustrating the disorder which has been under discussion. With most rectal surgeons the author condemns the Whitehead operation for hemorrhoids, and gives Pratt no credit for originality in the

equally objectionable operation he has denominated the "American." The chapter on auto-infection from the intestinal canal is interesting and full of value.

Dr. Allingham's two chapters on Cancer of the Rectum and Colotomy are well written and illustrated. Upon the whole we consider the volume a useful acquisition to the physician's library and will always keep it within easy reach.

The National Dispensary with Supplement embracing the new edition of the National Formulary.—The National Dispensary. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognized in the Pharmacopœias of the United States, Great Britain and Germany, with numerous references to the French Codex. By Alfred Stille, M.D., LL.D., Professor Emeritus of the Theory and Practice of Medicine and of Clinical Medicine in the University of Penn-

sylvania, John M. Maisch, Phar. D., late Professor of Materia Medica and Botany in Philadelphia College of Pharmacy, Chas. Caspari, Jr., Ph. G., Professor of Pharmacy in the Maryland College of Pharmacy, Baltimore, and Henry C. C. Maisch, Ph. G., Ph. D. Fifth edition, thoroughly revised in accordance with the new U. S. Pharmacopœia (seventh Decennial Revision) and embracing the new edition of The National Formulary. In one magnificent imperial octavo volume of 2025 pages, with 320 engravings. Cloth, \$7.25; leather, \$8.00. With Ready Reference Thumb-letter index, cloth, \$7.75; leather, \$8.50. Lea Brothers & Co., Publishers, Philadelphia, and New York. 1896.

We had the pleasure of noticing some months since in these pages the 5th edition of the National Dispensary. The American Pharmaceutical Association has authorized the incorporation with the Dispensary the U. S. Pharmacopœia and the National Formulary, all of which are furnished in one volume at the former price of the Dispensary.

**QUESTIONS PROPOUNDED BY
THE BOARD OF MEDICAL
EXAMINERS OF NORTH
CAROLINA—SPRING
SESSION 1896.**

MATERIA MEDICA.

By DR. L. J. PICOT.

1. Give chief intestinal antiseptics—doses—necessity for use.
2. Give chief intestinal antithermics, with rules of caution, if any, to be observed in their administration.
3. What is guaiacol and its therapeutic uses?
4. What are the action and uses of salol?

5. Dose of pilocarpin, and its uses.
6. Give the remedies indicated in dysuria.
7. What is apiol and its uses?
8. Name one (a) rubefacient, (b) vesicant, (c) escharotic.
9. What is aspidium and its uses?
10. Give treatment of acute gastric ulcer, medicinal and dietetic.
- 11.—Give symptoms and treatment of poisoning by chloral.

SURGERY.

By J. M. BAKER, M.D.

1. Give diagnostic signs of fracture of clavicle in middle third.
2. Give the diagnostic signs of aneurism and coxalgia.

3. Describe briefly the usual signs of the so-called secondary stage of syphilis, and give proper treatment.

4. What is a fracture? Describe treatment of fracture of femur in middle third. Give reasons for the treatment described.

5. What causes urethral strictures and treatment for ruptured urethra.

6. Give pathology and treatment of tetanus and periostitis.

7. Describe the antiseptic measures that should be instituted prior to a surgical operation.

8. Describe each of the dislocations of the hip-joint.

OBSTETRICS.

BY DR. W. H. WHITEHEAD.

1. Describe uterus, cavity, openings and structure.

2. What are the symptoms of extra-uterine pregnancy?

3. What is the treatment for threatened abortion?

4. Give treatment for Puerperal eclampsia?

DISEASE OF CHILDREN.

1. Define ophthalmia neonatorum, its causes and treatment.

2 Describe some of the best substitutes for mothers' milk. Write a prescription for infantile colic.

3. Give causes of enuresis and treatment.

4. Define chorea. Give causes and treatment.

GYNECOLOGY.

1. What is vaginismus, its varieties and treatment?

2. Define metrorrhagia. Give treatment for dysmenorrhœa.

3. Describe salpingitis. Give treatment for acute endometritis.

4. Define hæmatocele and symptoms of lacerated cervix.

Abstracts.

CLINICAL FEATURES AND TREATMENT OF EXTERNAL PILES.—(Otis *Boston Medical and Surgical Journal*.) Each form of external piles is the expression of a definite abnormal process, which is either taking place or has taken place, and so indicates its own history that it is possible for the experienced eye to read it almost at a glance. The cutaneous variety of external pile is classified as, (1) *Redundant*, which indicates that its distinctive feature is a redundancy,

or a superabundance of the circum-anal integument, brought about by the stretching it receives from the subjacent varicose external hemorrhoidal veins when fully distended, as during defecation. (2) *Hyperplastic*, indicating that the pendulous cutaneous tag, associated with an abrasion, fissure, or ulceration at the anal verge, is the result of an inflammatory hyperplasia; also (3) *Hypertrophic*, indicating that the swollen, thickened, radiating anal folds, asso-

ciated with an eczematous inflammation, are the results of an inflammatory or irritative hypertrophy.

The site of external piles is confined to the region of radiating folds of the circumanal integument, passing from this central point over the lower portion of the internal surface of the external sphincter and its lower border to disappear in the contiguous skin. It must be remembered that the lower border of the internal sphincter is subcutaneous, and that the external sphincter partially overlaps the internal.

External piles are not to be regarded as internal piles permanently crowded down and forced outside the internal sphincter. The external pile, covered with skin, will have the color of skin, will be dry, with no tendency to bleed; the internal pile will have the appearance of mucous membrane, moist, deep red color, with a history of bleeding, soft to the touch, with velvety or granulating surface.

External venous piles are readily distinguished from the cutaneous by their unmistakable sanguineous nature. While the existence of a varicose condition of the external hemorrhoidal vein is not pathological in adults, it becomes so when permanent enlargement has occurred by repeated and excessive venous engorgement. This variety of external hemorrhoidal plexus is always associated with and secondary to a similar condition of the internal plexus. The tonic effect to be derived from the daily application of cold water appears to have this double effect.

The *thrombotic* pile is produced by a thrombosis in one or more of the

dilated veins of the external plexus. The rapidity of its formation is one of its chief characteristics, another its livid and bluish color. The greatest amount of relief will be experienced from incision of the vein and removal of the thrombus.

The treatment of the *hyperplastic* pile should be (1) to render the stools semi-liquid, (2) the protection of the ulcer during defecation, (3) the local treatment of the ulcer, (4) the removal of the pile. (1) Regulate the diet and administer a laxative; (2) vaseline, one ounce, acid boracic, two drachms, in ointment, applied before stool; (3) by means of a small speculum, exposure of the ulcer and touching with nitrate of silver for a few days; then application of dry powder.

The treatment of the *hypertrophic* pile should be directed solely to treatment of the anal eczema, and the most efficacious is the application of black wax and oxide of zinc ointment.
—*Mathews' Med. Quarterly.*

SUGGESTIONS ON THE USE OF TRI-ONAL.—(J. Ruhemann, Aertzlicher Praktiker). The author believes no hypnotic can be considered the best hypnotic any more than one or another remedy can be called the best purgative. For this reason he would not regard trional as the best and most effective hypnotic, as has been recently asserted. He considers it a most excellent hypnotic but the others should not be discarded for it. He cites instances of long-continued use of the drug without evil effect as evidences of its innocuousness, one case having reached as much as 156 grammes, in doses from 1.0 to 1.5 gram-

mes. For children Claus recommends the following schedule of doses:

| | |
|-------------------|-------------|
| 1 month to 1 year | 0.2—0.4 Gm. |
| 1 to 2 years | 0.4—0.8 " |
| 2 to 6 " | 0.8—1.2 " |
| 6 to 10 " | 1.2—1.5 " |

The author advises caution in the use of such doses and advises they be reduced one-half. In pediatric practice he has obtained good results from trional in several cases of cerebral concussion in girls from seven to ten years old, in which cases there was a very favorable influence upon the disturbances of sleep resulting from the horrible dreams. He also reports favorable results in the sleeplessness of chorea, even the spasms themselves being ameliorated. The doses given were 0.5 gm. The good influence on the spasms was continued during the day, In regard to the promptness with which trional exerts its influence, he thinks there are many exceptions to the rule that the drug acts in from ten to thirty minutes as is claimed by most observers. He has noted cases in which the action of the drug was delayed several hours, necessitating its administration early in the afternoon to secure sleep at night. But he does not agree with Voigt that if the remedy when given in doses of 1.0 to 1.5 gm for two successive nights manifests only slight effects, it is not proper to continue its employment. Where single doses fail to have the desired effect he recommends with Grunfeld, Boettizer and others the employment of fractional doses. If the desired effect is not secured the size of the dose must

be increased, but in this drug the limits are narrow, for experience teaches that no less than 1.0 gm. and no more than 1.5 gm. should be usually given; only rarely will doses of 3.0 be permissible. For psychically healthy persons the maximum dose is 2.0 gm., and even in this dose unpleasant subjective symptoms sometime follows. From the first the dose should be large enough to be effective while harmless. It is better to be able to gradually reduce the dose than to have to increase it. In general practice trional has a wide and useful practice. It constitutes one of those hypnotics which can be administered with confidence because it is innocuous. We need not dread any habituation or trionalism, but there is during use rather a weakening of the effect which is regained when the drug is continued for awhile.

RELATIONS OF MEDICAL EXAMINING BOARDS TO THE STATE, TO THE SCHOOLS AND TO EACH OTHER.—Dr. William Warren Potter, of Buffalo, President of the National Confederation of State Medical Examining and Licensing Boards chose this title as the subject of his annual address at the sixth conference of this body held at Atlanta May 4, 1896.

He said there were three conditions in medical educational reform on which all progressive physicians could agree—namely, first, there must be a better standard of preliminaries for entrance to the study of medicine; second, that four years is little time enough for medical collegiate training; and, third, that separate exami-

nation by a State Board of Examiners, none of whom is a teacher in a medical college, is a prerequisite for license to practise medicine. It is understood that such examination can be accorded only to a candidate presenting a diploma from a legally registered school.

He further stated that a high school course ought to represent a minimum of academic acquirements, and that an entrance examination should be provided by the State for those not presenting a high school diploma or its equivalent.

He did not favor a National Examining Board as has been proposed, but instead thought all the States should be encouraged to establish a common minimum level of requirements, below which a physician should not be permitted to practise; then a State license would possess equal value in all the States.

In regard to reciprocity of licensure, Dr. Potter thought it pertinent for those States having equal standards in all respects to agree to this exchange of inter-State courtesy by official indorsement of licenses, but that other questions were of greater moment just now than reciprocity. Until all standards were equalized and the lowest carried up to the level of the highest, reciprocity would be manifestly unfair.

He urged that the States employ in their medical public offices none but licensed physicians. This, he affirmed, would tend to stimulate a pride in the State license, and strengthen the hands of the boards.

He denied that there was antagon-

ism between the schools and the boards, as had been asserted. He said that both were working on parallel lines to accomplish the same purpose, that there could not possibly be any conflict between them and that they were not enemies but friends.

The medical journals of standing from one end of the country to the other, he affirmed, were rendering great aid to the cause of reform in medical education, and the times were propitious.

He concluded by urging united effort by the friends of medical education saying that "the reproach cast upon us through a refusal to recognize our diplomas in Europe cannot be overcome until we rise in our might and wage a relentless war against ignorance, that shall not cease until an American State license is recognized as a passport to good professional standing in every civilized country in the world."

THE TREATMENT OF COMPLICATIONS IN LABOR OCCASIONED BY VAGINAL FIXATION OF THE UTERUS.—In the *Centralblatt für Gynäkologie*, 1896, No. 6, Rühl describes two cases in which labor was complicated by previous operation upon the uterus. The first was a multigravida who had usually had easy labors. She suffered from retroflexion and adherent uterus. Other methods of treatment failing, she was operated upon. Pregnancy occurred nine months afterward, and was characterized by difficulty in emptying the bladder. When labor came on, although pains were good, progress was not made. When the

patient was seen the uterine wall was greatly stretched, and the child had been dead for twenty-four hours. The head had entered the pelvis, and was contained in a diverticulum of the uterine wall so firmly that it could not be moved without an anæsthetic. The os uteri was drawn up so far that it was very difficult to reach the os. The broad ligaments could be very plainly felt. Under deep anæsthesia it was possible to dislodge the head and push it up. The os uteri would admit four fingers only, and efforts at further dilatation were not successful. The mouth of the uterus was dilated by the hand, and with considerable difficulty version was performed. It was then determined to perforate the child, and this was done with difficulty. The extraction of the child was exceedingly hard, because of the thickened uterine tissue, which formed a sort of girdle so strong that it was necessary to incise it with a tenotome to permit delivery. But little hemorrhage followed the incisions, and delivery was accomplished, although with great difficulty. The uterus was finally emptied, the patient making a good recovery.

His second case was that of a woman who had had two children, but who suffered from subinvolution, which was first treated by curetting and then by fastening the womb to the wall of the vagina. During her pregnancy she suffered from difficulty in emptying the bladder. When labor came on the cord prolapsed as soon as the membranes ruptured, followed by strong labor-pains. Upon examination the mouth of the uterus was

found very high up, it was impossible either to replace the cord or to make version. To effect delivery it was necessary to make an incision 8 cm. long. No especial hemorrhage followed. The incision was also extended laterally, and the tissues united with catgut. It was then possible to extract the child with forceps. The placenta was removed and the incision closed by suture. The patient made a good recovery and the uterus was found in normal position.—*Am. Jour. of Med. Sciences.*

A CONSIDERATION OF CERTAIN DOUBTFUL POINTS IN THE MANAGEMENT OF ABORTION.—Charles P. Noble, in the *Therapeutic Gazette*, January 15, 1896, offers his views to the profession on four difficult questions pertaining to the above subject. 1. When is abortion inevitable? 2. When is abortion complete? 3. After septic abortions, when shall irrigation of the uterus be discontinued? 4. After septic abortions, when shall operation per vaginam or by abdominal section be done?

In answer to the first question he cites a number of cases to prove that often alarming hemorrhages are not followed by abortion, even when accompanied by contractions of the uterus, and concludes that when, in addition to these, there is a dilation of the cervix and descent of the ovum, abortion may be considered inevitable and no attempts to prevent expulsion should be employed.

In regard to the second question he says that during the first two months nature can take care of abortion with-

out much aid from the attendant, except in criminal cases followed by virulent infection, when curettment should be done. At later periods, when the membranes are intact, there is little difficulty, and also, when arriving after the event, if the cervix be closed and hemorrhage stopped, it may be inferred that the abortion is complete. After the fourth month any doubt should lead to the exploration of the uterine cavity with the finger.

In response to the third question he very naturally concludes that uterine irrigations are harmful in all cases

where the inflammation has spread beyond the uterus, on account of the manipulation which is necessary being harmful. If properly done in the beginning he thinks irrigations are seldom necessary for more than one or two days.

In answer to the fourth question he says that "should evidences of pus-formation present themselves, or should indications appear that the localized pelvic inflammation tends to become a general peritonitis, or to give rise to septicæmia, operation is indicated."—*Fort Wayne Medical Magazine*.

Therapeutic Hints.

SPASMODIC ASTHMA.

R—Tinc. Lobelia Æthereæ M xv;
Spts. Ætheris M xx;
Tinc. Chlorof. Comp. M v;
Aquæ Camphoræ ad ℥ i.

M. Sig:—To be taken when breathing is difficult.—*The Practitioner*.

CONTAGIOUS IMPETIGO. Dr. Geo. H. Fox (*Amer. Jour. Obstet.*) says in the treatment of this disease cleanliness is of the utmost importance. The finger nails may be advantageously cleaned and trimmed and a disfectant lotion, such as listerine or a solution of hyposulphite of soda in rose water, should be applied frequently to the affected skin. To remove crusts and heal superficial ulceration, an excellent application is a mixture of equal parts

of white precipitate ointment and cold cream.

ECZEMA OF FACE AND NECK.

Dr. Shoemaker finds the following useful:

R—Aristol 3 ss;
Camphor gr x;
Lanolin ℥ ss;
Carbolic Acid gr.v;
Ointment of Zinc Oxide ℥ ss.

M. Sig: Apply locally.—*Medical Record*.

SCORPION STINGS.—Dr. E. Lerede Chalke, a civil surgeon of Negapatam, has found honey or sugar to afford the earliest relief from the pain of scorpion stings. It is applied freely over the affected parts.

OFFICIAL LIST OF CHANGES IN THE PUBLIC SERVICE.

MARINE HOSPITAL SERVICE.

For the sixteen days ended May 31, 1896.

Hamilton, J. B., surgeon, granted leave of absence for ten days, May 23, 1896.

Brown, B. W., passed assistant surgeon, granted leave of absence for six days, May 25, 1896.

Gardner, C. H., assistant surgeon, ordered to examination for promotion, May 27, 1896.

BOARDS CONVENED.

Board convened to meet in Washington, D. C., June 15, 1896, for the examination of officers for promotion and candidates for appointment in Service. Surgeon G. W. Stoner, chairman; Surgeon Fairfax Irwin; passed assistant surgeon C. E. Banks, recorder.

May 25, 1896. Board convened to meet in New York city May 27, 1896, for the physical examination of candidate for appointment in Revenue Cutter service, Surgeon W. A. Wheeler chairman. Passed Assistant Surgeon J. H. White recorder, May 25, 1896.

THE ARMY.

For the week ending June 6, 1896.
June 2.—Surgeon L. L. Von Wede-

kind ordered to the Naval Academy.

June 3.—Surgeon C. A. Siegfried detached from the "Columbia" and ordered to the "Massachusetts."

June 3.—Surgeon E. Z. Derr detached from the "Raleigh" and ordered to the "Columbia."

June 3.—Surgeon H. G. Beyer detached from the Naval Academy June 5, and ordered to the "Raleigh" June 6.

June 4.—Passed Assistant Surgeon M. S. Guest detached from the "Constellation" June 8th, and ordered to the "Massachusetts" June 10.

For the week ending June 13, 1896.

June 6.—Passed Assistant Surgeon P. H. Bryant, ordered to Naval Station, Newport, R. I.

Assistant Surgeon C. M. DeValin, detached from the Chelsea (Mass). Hospital and ordered to the "Blake."

June 13.—Passed Assistant Surgeon E. R. Stitt, detached from the "Bache" and ordered to the "Vermont" June 15.

THE NAVY.

From May 28, 1896, to June 10, 1896.

Leave of absence for four months on surgeon's certificate of disability, granted First Lieut. Benjamin Brooke, assistant surgeon.

Capt. Louis A. LaGande, assistant surgeon United States Army, is granted leave of absence for one month.

MARRIAGES.

Laughinghouse-Dail.—On June 10th, 1896, at Snow Hill, N. C., Dr. C. O'H. Laughinghouse to Miss Carrie Dail.

Pope-Johnson.—On June 16th, 1896, at Lumberton, N. C., Dr. Henry T. Pope to Miss Sara Johnson.

NECROLOGY.

Some recent deaths among physicians.

Dr. J. M. Johnson, aged 70, at Baltimore, Md., June 9th. Dr. Johnson soon after the war married Miss Mary Weldon Smith and practiced for a number of years at Scotland Neck.

Sir. J. Russell Reynolds, President of the British Medical Association, aged 68, in London, May 22. He was Physician in Ordinary to Her Majesty's household.

Edward Jacob Forster, M.D., Surgeon-General of Massachusetts, aged 50, in New York May 15.

Dr. Homer Virgil Milton Miller, aged 82, at Rome, Ga., May 31st. He was dean of the Atlanta Medical College. He served as United States Senator from Georgia in 1868.

Dr. J. G. Johnson, at Lowndesville, S. C., May 25.

Miscellaneous Items.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—A meeting of the Executive Committee of the Mississippi Valley Association was held at Atlanta, on May 6th and the following gentlemen were appointed to deliver addresses: Dr. H. N. Moyer, Chicago, Address on Medicine. Dr. Horace H. Grant, Louisville, Address on Surgery. The indications are that the meeting to be held at St. Paul, on October 20, 21, 22 and 23, will be the largest and most successful in the history of the Association. As all the railroads will offer reduced rates for the round trip, an opportunity will be given to visit St. Paul and Minnesota during the most delightful season of the year. H. O. Walker, M.D., Detroit, Mich., President; H. W. Loeb, M.D., 3559 Olive Street, St. Louis, Secretary.

Three doctors, belonging to the medical staff of the almshouse on Blackwell's Island, have been arrested on a warrant charging them with stealing and appropriating to their own use drugs and supplies furnished

to the almshouse by the city. A fourth doctor, whose name was included in the warrant, went to Canada several weeks ago. By the arrest of the three prisoners it is thought that a systematic stealing of supplies which is said to have been going on in the charity institutions of the city for several years, will be brought to a termination. If the suspicions of the authorities be correct, thousands of dollars' worth of drugs and medicines, paid for by the city, have been appropriated to the use of doctors attached to the staff serving on the Island. Expensive drugs, bandages, and other appliances used in the medical and surgical wards of the city institutions have disappeared by wholesale. The defense is that custom has sanctioned the taking of these articles, which are regarded by the doctors as perquisites for their labors during their terms of service on the house staff. The value of the articles taken was estimated at \$500. Taking the four doctors as a factor in calculation, and estimating their perquisites at \$125 a year each, the

outcome is astonishing. Now, fifty doctors leave the various institutions every six months, or one hundred a year, and, if everyone fitted himself out with a kit of the same value the annual expense would amount to \$12,500. It is highly improbable that any such custom has prevailed.—*Med. News.*

AN AMBULANCE SURGEON COMMENDED.—A Brooklyn citizen sends a letter to one of the papers in which he dispenses praise of one of a class that is more often blamed than praised in the public press:

Dear Sir:—I take the liberty of writing to you to congratulate you and the citizens of Brooklyn on having in their employ a man of great force of mind and body. I refer to Ambulance Surgeon D., of the A.B. Hospital, who on last Wednesday evening succeeded, through true courage and skill, in saving the life of a little girl who fell into the water from Erie Basin dock. All signs of life were extinct to the eyes of the large crowd at hand, yet this gentleman, ignoring the cries of the bystanders, kept steadily at work for twenty long minutes, when the child gasped; still working at the end of a half hour the child cried and was saved. Well did the doctor deserve the praise showered upon him, to have succeeded in reviving an apparently lifeless child. This gentleman deserves public recommendation as a shining example of the typical savior of life. It would give me the greatest pleasure of my life to present him with a medal suitable for such a humane act.—*Jour. Amer. Med. Asso.*

SERUM TREATMENT OF DIPHTHERIA IN THREE CITIES.—In the statistics of the Belvidere Hospital, Glasgow, for 1895 we note that while the annual mortality in cases of diphtheria during the previous five years averaged 38.3, in 1895, with the use of serum reached 14 per cent. Dr. Henry W. Berg, one of the attending physicians at the Willard Parker Hospital for contagious diseases, New York, reports that since the introduction of the antitoxin treatment of diphtheria in that institution not only had the proportion of deaths from the disease been greatly diminished, but the number of cases of post-diphtheritic paralysis in those who recovered had been far fewer than formerly. The St. Louis Board of Health has made public the conclusion of an official inquiry into the results of the treatment of diphtheria with antitoxin. The report covers 326 cases, of which 15 were fatal.—*Ibid.*

A VERDICT AGAINST A PHYSICIAN FOR SLANDER.—In the Supreme court of Queens county sitting at Long Island City, with Justice Wm. D. Dickey on the bench, a case has just been tried which possesses features similar to the noted case in which Dr. Playfair was recently defendant in London. The plaintiff was Mrs. Ida C. Sorceron, of the village of Evergreens, Long Island, and the defendant, Dr. Siegbert Balaban, of 35 Palmetto Street, Brooklyn, who is said to be a graduate of Heidelberg University and who has been practising in Brooklyn for the past fourteen years. Mrs. Sorceron asked for \$10,000 damages for alleged slander-

ous statements in involving a breach of professional etiquette on the part of the physician in connection with the death of her daughter, an unmarried girl of nineteen. It was claimed that the defendant cast a slur upon the character of the deceased by telling a professional secret to his wife, and that the secret became promulgated throughout the village of Evergreens. The prosecution contended that Dr. Balaban, who was the physician in attendance, expressed the opinion that the girl's death was due to peritonitis resulting from a criminal abortion operation. Dr. Calvin F. Barber, who was called in shortly before the girl's death, testified that the cause of death was appendicitis, and the autopsy is said to have confirmed this diagnosis. The trial of the case occupied two days, and after three-quarters of an hour's deliberation the jury returned a verdict in favor of the plaintiff for \$5,000. It is stated that the case will be appealed.—*Boston Med. Surg. Jour.*

It appears that only recently have our English friends been brought face to face with the question of female doctors and their relations to the medical profession. By a substantial majority they were last month excluded from membership in the London Pathological Society. The matter of the indelicacy of discussing certain subjects in their presence being the only shadow of an excuse offered for this decision. Strong opposition with threats of a "boycott" on the part of the students of the Irish College of Surgeons and Catho-

lic University has followed the appointment of Miss Dickson as examiner in gynecology. She is a doctor of the highest attainments in this specialty, a Fellow of the College of Surgeons and in every way eminently suited for the position unless her sex should be considered the disqualifying element.—*Med. News.*

PRESUMPTION AS TO TRADE MARKS ON NEW INVENTIONS.—With the aid of a physician, the party who was plaintiff in the case of *Shaw v. Pilling*, which was decided by the supreme court of Pennsylvania April 13, 1896, invented an atomizer, and although he did not, and perhaps, not being the sole inventor, could not, patent it, he adopted and attached the name of his partner, Burgess, to distinguish his make of atomizer. It was the defendant's error or misfortune to have assumed that this was a case within the imperative rule of ethics, enforced as a by-law of the College of Physicians of Philadelphia, and declared by the Supreme court of Pennsylvania to be highly honorable to the medical profession, that a physician who discovers a remedy, or a surgeon who invents or improves an instrument, does not take a patent or trade mark for it, but dedicates it at once to the service of humanity, and though it may become known by his name, it is, nevertheless, free for all to use, and the name is regarded as merely descriptive of the article. They sought to avoid the consequences of their mistake of fact (assuming that it was innocent) by showing that other dealers made the same

mistake, and they asked the trial judge to say that, under the circumstances, the plaintiff could not appropriate a descriptive name of this kind as a trade mark. But the Supreme court says a man's property is not to be taken away so easily. The descriptive name of the instrument was an atomizer. That was public property, and could not be appropriated as part of a trade mark by any one. But when the inventor and manufacturer of a new kind of atomizer put his own or his partner's name to it, the court holds that the presumption was that he did so to indicate the origin and maker, and intended the name as a trade mark; that defendants and some other dealers misunderstood the facts was not sufficient to excuse a violation of plaintiff's rights.—*Jour. Am. Med. Assn.*

The following letter has been received from A. J. White, of 30 Reade street, New York:

To the Publishers of the A.M.-S. Bulletin:

DEAR SIR—A paragraph is going the rounds of the medical journals, giving a formula for making palatable castor oil. This formula is patented, as per following list of patents: No. 420,940, dated September 10, 1889; No. 470,715, dated March 15, 1892; No. 470,614, dated March 15, 1892; No. 524,513, dated August 14, 1894; No. 524,514, dated August 14, 1894;—and if druggists are induced to prepare this article themselves, it will lead to a multitude of law-suits like those instituted in the "Drive Well" case.

Yours very truly,
A. J. WHITE.

Reading Notices.

F. A. Rew, M.D., Imboden, Ark., says: My experience with S. H. Kennedy's extract of *Pinus Canadensis* was so decidedly satisfactory and gratifying that I prescribed it with a positive assurance that benefit will follow its use. On the principle that "all astringents are tonics," I use the *Pinus Canadensis*, in small doses, in pneumonia, bronchitis, typhoid fever; indeed, where the mucous membranes need a tonic, and recognizing the similarity between mucous membranes and the external skin, I use it in erysipelas, nervous forms of eczema, and wherever the skin needs a tonic. It is all I need in many cases of ophthalmia and gonorrhea. Its special therapeutics would fill many pages,

and I am satisfied that we will yet find new uses for it.

DYSMENORRHEA.—In the March number of the *Alabama Medical and Surgical Age* is a very important article on Dysmenorrhœa by G. C. Chapman, M.D., of Birmingham, Ala., which we hope to soon reproduce in our journal.

Speaking of various methods of treatment, the doctor says: "But the remedy that has proven the greatest boon to my patients has been dioviburnia given in tablespoonful doses four times daily, beginning four or five days preceeding the expected attack, and after the flow is established every two or three hours.—*California Medical Journal*, May 1896.

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